

Medical Economics

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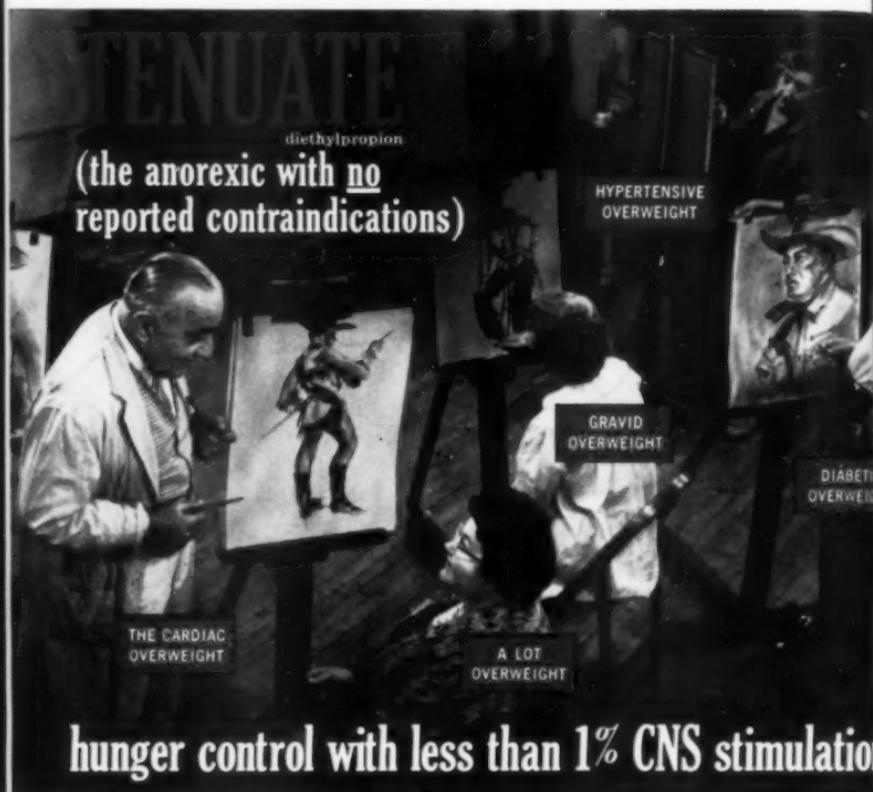
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What's ahead for you

Medical Economics, January 30, 1961

VICTORY FOR THE SOCIAL SECURITY BOYS is more likely now because of the recent White House conference on care of the aged, some A.M.A. leaders are saying privately. The conference watered down a resolution opposing Social Security-paid care, adopted one favoring it.

THIS WILL BE THE BEST YEAR to buy a new home since World War II, housing experts predict. Reason: Builders have largely filled the housing gap created by the war. So they'll be offering juicier bargains to tempt new buyers in 1961.

STOCK SPLIT CANDIDATES that offer you good profit possibilities this year are these active issues selling on the New York Stock Exchange for more than \$100 a share: American Home Products, A. T. & T., Corning Glass, du Pont, Eastman Kodak, Hershey Chocolate, I. B. M., Minneapolis-Honeywell, Polaroid, Rohm & Haas, Sunshine Biscuits, Superior Oil, Texas Instruments, Union Carbide, U.S. Gypsum.

FEE-GOUGING BY PLAINTIFFS' ATTORNEYS could cause malpractice claims to be paid without regard to whether the doctor was at fault, warns Edward P. Gallagher of the American States Insurance Co. Lawyers' contingent fees of 50 per cent or more have pushed damage awards above \$3 billion yearly. If, as a result, insurance premiums go much higher, "people may

...What's ahead for you

demand that all damage suits be settled the way Workmen's Compensation cases now are."

YOUR TAX BURDEN may double in the next ten years if the last ten are any indication. In 1950, Americans paid \$369 apiece in Federal, state, and local taxes. Last year, the country's per-capita tax bill stood at \$715.

EXPECT MORE FEDERAL FUNDS to be poured into medical research soon. President Kennedy has named Educator Boisfeuillet Jones as a special assistant on health and medical affairs. In 1960, a committee headed by Jones urged that the U.S. Government step up its spending for medical research to \$2 billion a year by 1970.

IF YOU BILL AN INSURANCE FIRM for certifying a patient's disability claim, you'll have a better chance of collecting because of a recent Pennsylvania court decision. The ruling: Unless a disability policy states specifically that the insured must furnish a doctor's statement at his own expense, any charge for such a statement must be paid by the insurer.

NO MORE LUBE JOBS after 1965, an oil company executive predicts. By then, all cars will be greased "for life" at the factory, he says. Only the new Cadillacs are now.

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1. Johnson, J. F.: Paper presented at Symposium on Blood, Wayne State University, Detroit, Michigan, Jan. 18, 1957; cited in M. Science 1:33 (Mar. 25, 1957). Proc. Soc. Exper. Biol. & Med. 94:92 (Jan. 1957).
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Medical Economics

National business magazine for physicians, January 30, 1961

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Professional investors often do, going by what's known as the odd-lot theory of forecasting stock market trends. Here's why, how, and what you can learn from this method of timing your buying and selling



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REFERENCE: 1. Goodman, L. S. and Gilman A.: *The Pharmacological Basis of Therapeutics*, Second Edition, New York, Macmillan, 1955, p. 163.

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Coming in the February 13th issue

... you can't get away with certain tax deductions. If you try, you may be on Internal Revenue black lists for years to come

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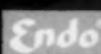
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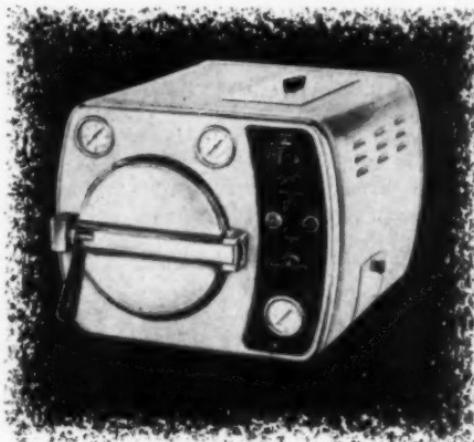
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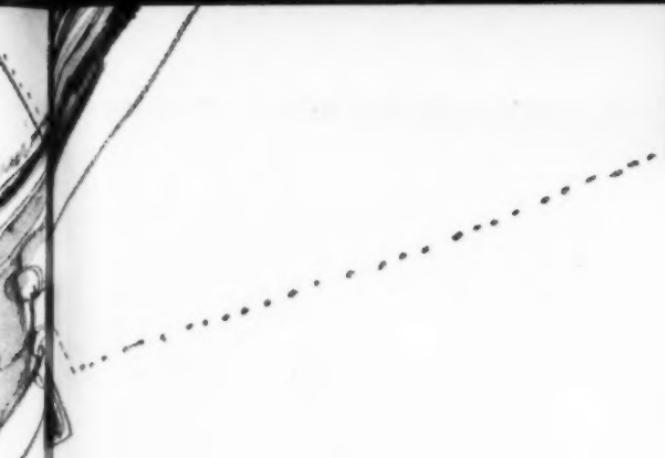
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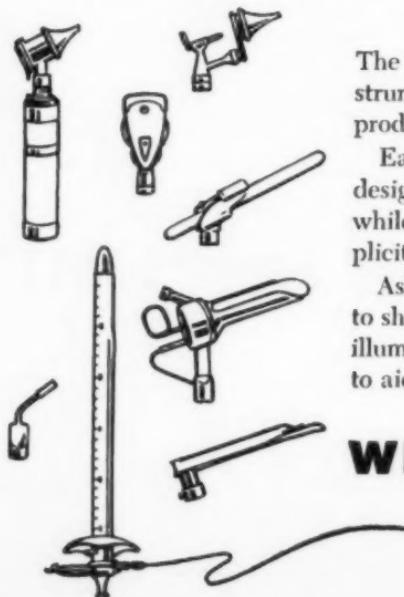
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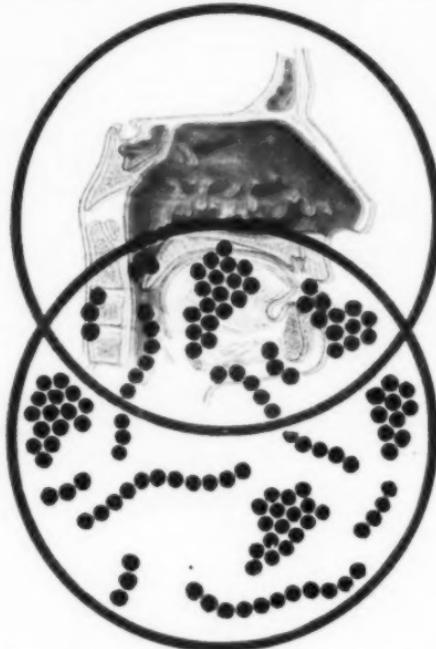
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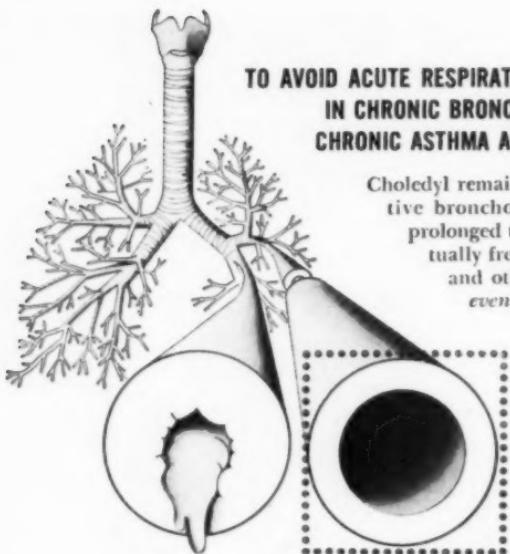
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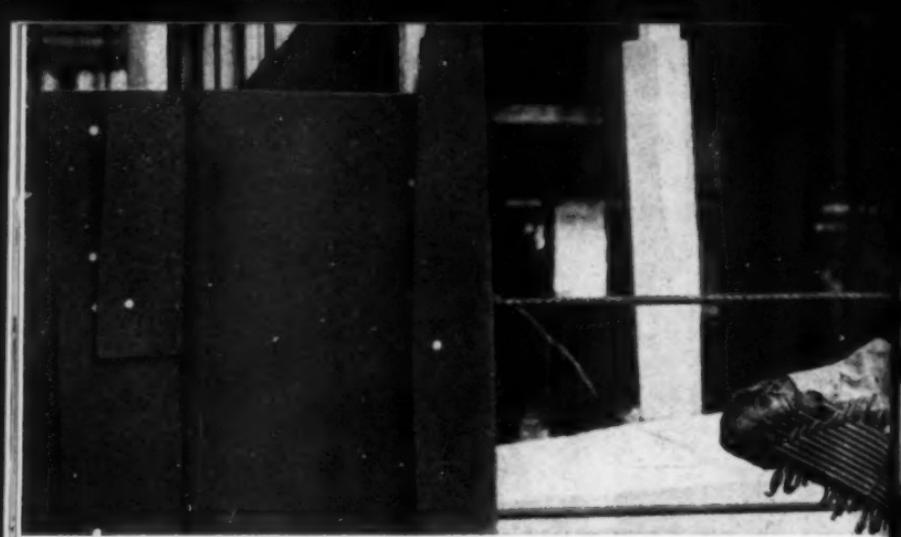
FOSTEX CAKE, in bar form.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

Write for samples.

WESTWOOD PHARMACEUTICALS • Buffalo 13, New York



Put your low-back patient back on the payroll

*Soma's prompt relief of pain and stiffness
can get your low-back patients back
to work in days instead of weeks*

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in a single drug.

Thus with Soma, you can break up both pain and spasm fast, effectively . . . help give your patient the two

things he wants most: relief from pain and rapid return to full activity.

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only with higher dosages. Soma is available in 350 mg. tablets. USUAL DOSAGE IS 1 TABLET Q.I.D.

The muscle relaxant with an independent pain-relieving action

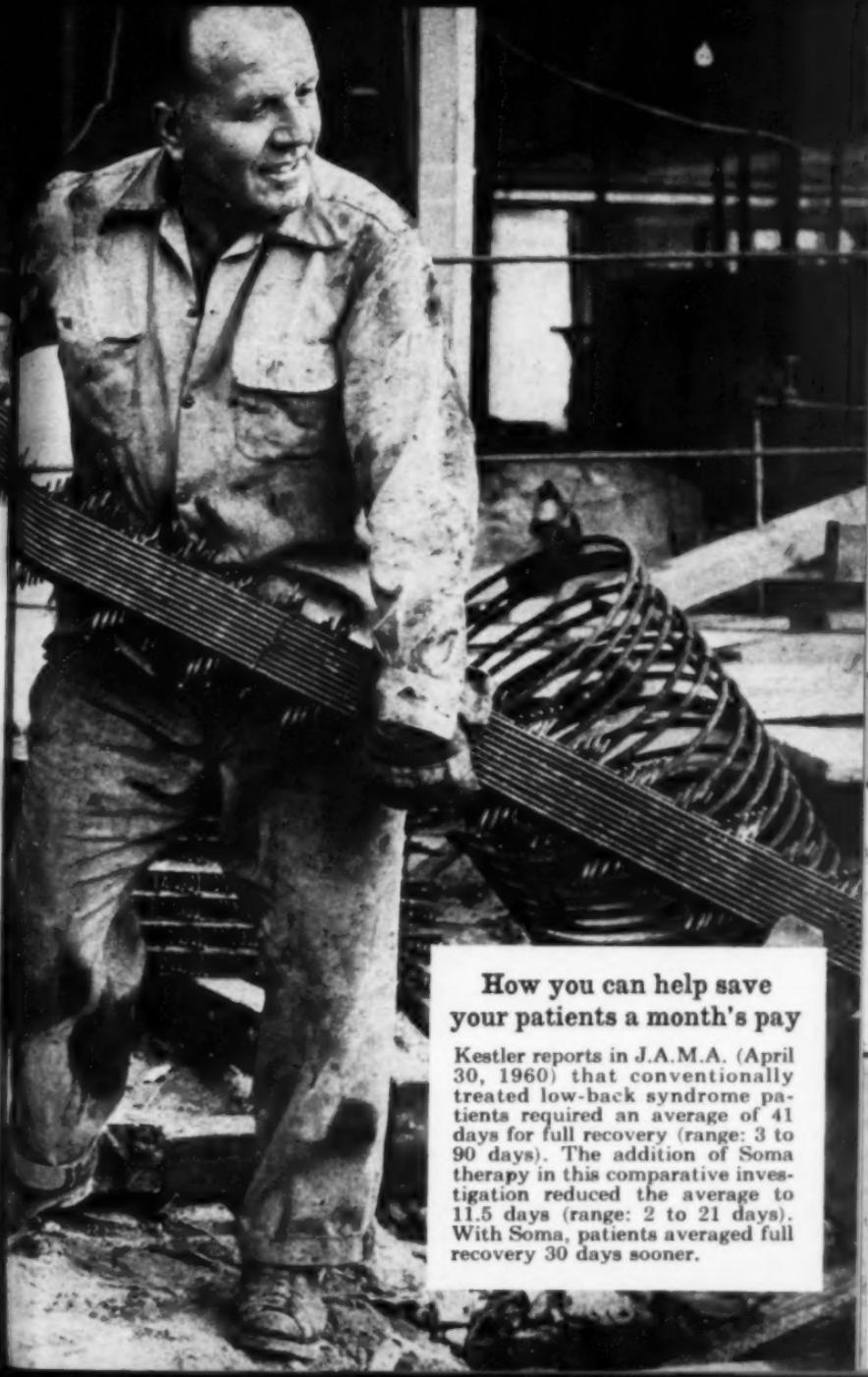
SOMA®

(carisoprodol, Wallace)

W Wallace Laboratories, Cranbury, New Jersey

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**How you can help save
your patients a month's pay**

Kestler reports in J.A.M.A. (April 30, 1960) that conventionally treated low-back syndrome patients required an average of 41 days for full recovery (range: 3 to 90 days). The addition of Soma therapy in this comparative investigation reduced the average to 11.5 days (range: 2 to 21 days). With Soma, patients averaged full recovery 30 days sooner.

a major improvement in

PURIVAX[®]

POLIOMYELITIS VACCINE

POLIOMYELITIS VACCINE, PURIFIED

MORE HIGHLY PURIFIED

PURIVAX Poliomyelitis Vaccine contains less monkey kidney protein than does commercial Salk vaccine. Consequently, the possibility of allergic sensitization is minimized.

Standardization is achieved by precise physical (rather than biological) methods so as to produce a uniform quantity of inactivated antigen in each dose.

MORE RAPID PROTECTION

PURIVAX Poliomyelitis Vaccine provides immunity in a higher percentage of patients who complete only *two* of the recommended three-dose series; this results in an earlier establishment of immunity in a significant proportion of patients.

Immunity in all patients who received *three* doses of PURIVAX Poliomyelitis Vaccine has been reported.*

GREATER SAFETY

PURIVAX Poliomyelitis Vaccine induces high antibody titers against all three types of poliomyelitis virus. Moreover, the highly virulent Mahoney strain of type 1 has been replaced by the less virulent Parker strain for even greater safety.

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indio immunization

After Only TWO Injections

Percentage of Patients Showing Immunity to All Three Types of Poliomyelitis Virus*

PURIVAX POLIOMYELITIS VACCINE

91%
IMMUNE

POLIOMYELITIS
VACCINE
(Commercial Salk)

63%
IMMUNE

usage and Administration: It is recommended that three injections (intramuscular or subcutaneous) of 0.5 cc. each be given, with an interval of 4 to 6 weeks between the first and second injection. The third injection should be administered 7 months or more after the second injection.

The preferred procedure is to complete immunization before the season when poliomyelitis characteristically increases. However, the vaccine may be administered throughout the summer season. Special circumstances such as exposure to the disease, tonsillectomy, or trauma are not considered contraindications.

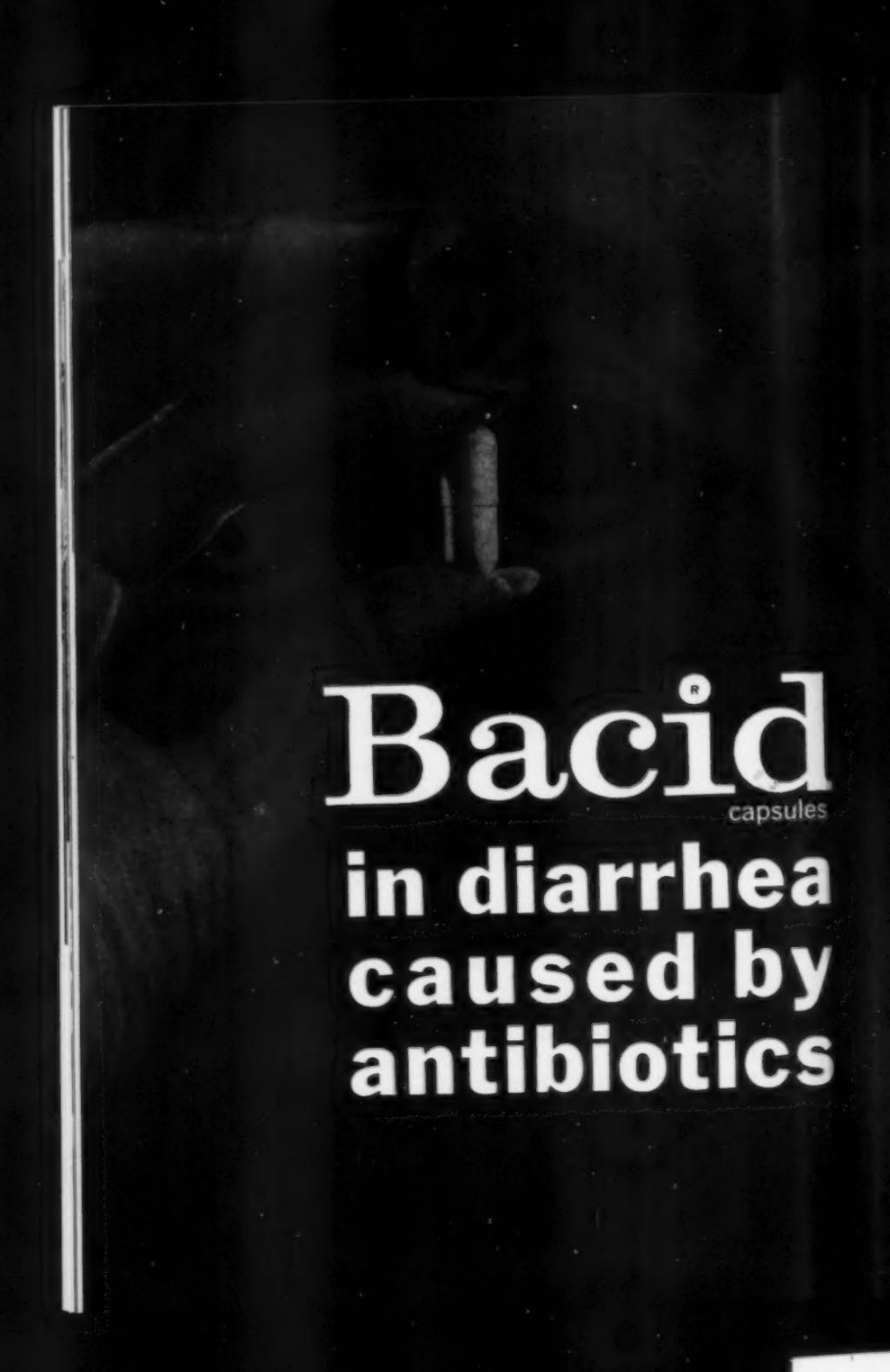
applied: 2-cc. vials.

*Hilleman, M. R., Charney, J., Tytell, A. A., Weil, C., Cornfield, D., Lehter, J. T., Riley, H. D., Jr. and Huang, N.: Investigation into the development and clinical testing of a poliomyelitis vaccine containing standardized amounts of purified poliomyelitis virus antigens, 1960 Symposium on Polio Vaccines, Newark, New Jersey, April 20, 1960.

For additional information,
write Professional Services,
Merck Sharp & Dohme,
West Point, Pa.

MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

PURIVAX is a trademark of Merck & Co., Inc.



Bacid[®]

capsules

in diarrhea caused by antibiotics

Bacid
acts physiologically...
to reestablish a normal
intestinal flora...

change feces toward
normal in consistency,
form, color and odor...

and thus restore regular
bowel function

BACID serves to re-implant billions of "friendly" viable L. acidophilus in the intestinal tract. These help create a normal aciduric flora to suppress pathogenic organisms which cause diarrhea, proctitis and perianal itch. BACID is valuable in conditions associated with intestinal putrefaction (flatulence, distention, eructation), also in the treatment of aphthous stomatitis.

BACID capsules provide an exceptionally high potency of a specially cultured human strain of viable Lactobacillus acidophilus. Each capsule also contains 100 mg. of sodium carboxymethylcellulose.

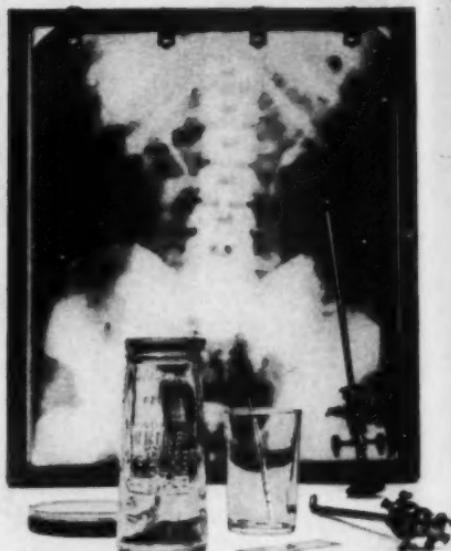
BACID eliminates the bulk, unpalatability and other inconveniences of acidophilus milk, yoghurt or buttermilk. Dosage: 2 Bacid capsules two to four times a day, taken preferably with milk or lactose. Bottles of 50 and 100 capsules.

use BACID with every antibiotic Rx
for effective antidiarrheal
protection or treatment

samples and literature on request

u.s.vitamin & pharmaceutical corporation
Arlington-Funk Laboratories, division
250 East 43rd Street, New York 17, N. Y.

when
sulfa
is
your
plan
of
therapy...



KYNEX®



Sulfamethoxypyridazine Lederle

OUTSTANDING 1-DOSE-A-DAY SULFA

Rapid peak attainment in 1 to 2 hours^{1,2}...approximately one-half the time of other single-daily dose sulfas.³ High free levels—as much as 95 per cent of circulating levels remaining in fully active unconjugated forms.³ Extremely low 2.7 per cent incidence of side effects in toxicity studies on 223 patients.⁴ Includes total reactions (subjective and objective), all temporary and rapidly reversed. No crystalluria reported.

KYNEX TABLETS, 0.5 Gm., bottles of 24 and 100. Dosage: Adults, 0.5 Gm. (1 tablet) daily following an initial first day dose of 1 Gm. (2 tablets).

KYNEX ACETYL PEDIATRIC SUSPENSION, cherry-flavored, 250 mg. sulfamethoxypyridazine activity per tsp. (5 cc.). Bottles of 4 and 16 fl. oz.

New KYNEX ACETYL PEDIATRIC DROPS, cherry-flavored, 125 mg. sulfamethoxypyridazine activity per cc. In 10 cc. squeeze bottle.

New for acute G. U. Infection AZO KYNEX TABLETS (for q. i. d. dosage), 125 mg., **KYNEX Sulfamethoxypyri-**

dazine in the shell with 150 mg. phenylazodiamino-pyridine HCl in the core.

Precautions: Usual sulfonamide precautions apply.

1. Boger, W. P.; Strickland, C. S., and Gylye, J. M.: *Antibiotic Med. & Clin. Ther.* 3:375 (Nov.) 1956. 2. Boger, W. P.: In: *Antibiotics Annual 1958-1959*. New York, Medical Encyclopedia, Inc., 1959, p. 48. 3. Sheth, U. K.; Kulkarni, B. S., and Kamath, P. G.: *Antibiotic Med. & Clin. Ther.* 5:604 (Oct.) 1958. 4. Anderson, P. C., and Wissinger, H. A.: *U.S. Armed Forces M. J.* 10:1051 (Sept.) 1958.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



CYCLEX®

HYDRODIURIL® WITH MEPROBAMATE
HYDROCHLOROTHIAZIDE

for EDEMA... CYCLEX provides the prompt diuresis of HYDRODIURIL for rapid reduction of weight gain, breast fullness, abdominal congestion

to relieve the symptoms of premenstrual tension

for MOOD-CHANGES... CYCLEX supplies the effective relief of meprobamate for nervousness, irritability, tension, nausea, malaise, insomnia

for GI DISTRESS... CYCLEX affords quick-acting relief of nausea and bloating associated with premenstrual tension

SUPPLIED: Tablets, bottles of 100. Each tablet contains 25 mg. of HYDRODIURIL (hydrochlorothiazide) and 200 mg. of meprobamate.

DOSAGE: Usual adult dosage is one tablet once or twice a day, beginning on the first morning of symptoms and continuing until the onset of menses. CYCLEX may be continued through the menstrual period.

Before prescribing or administering CYCLEX, the physician should consult detailed information on use accompanying package or available on request.

CYCLEX and HYDRODIURIL are trademarks of Merck & Co., Inc.



MERCK SHARP & DOHME
Division of Merck & Co., Inc.
West Point, Pa.



Why **HOMAGENETS** instead of ordinary vitamins

Nature gives the reason! Homagenets provide vitamins the way nature intended—in homogenized form. The homogenization process* used in Homagenets breaks up the vitamins into microscopic particles—1/100th the size found in ordinary vitamin tablets.

Why small particles? To speed absorption; improve utilization; and eliminate need for wasteful excess dosage.**

How about taste? Homogenization makes Homagenets so palatable they can be chewed like candy or swallowed . . . with no "fishy burp."

Formulas? Five of them—Prenatal, Pediatric, Aoral, Geriatric, and Therapeutic.

Write for samples and detailed literature.

HOMAGENETS

THE HOMOGENIZED VITAMINS IN SOLID FORM

*U.S. Pat. Nos. 2676136; 28415

**Lewis, et al.: Pediat. 5:425

THE S. E. MASSENGILL COMPANY Bristol, Tennessee • New York • Kansas City • San Francisco

Professional briefs

Medical Economics, January 30, 1961

HAVE HEALTH PLANS GONE as far as they can go? Some 31 per cent of all doctor bills are now paid by insurance, but the percentage has climbed only 0.9 per cent in two years. Warns the Social Security Administration: Those who want to preserve private medical care should be worried over the slow growth in coverage of doctors' services outside the hospital.

YOU'RE PROBABLY PLACING TOO MUCH TRUST in your hospital's consent forms, a new survey by this magazine indicates. Two-thirds of M.D.s queried don't personally get written permission from their patients for surgery or other procedures. They feel the hospital form covers them. But later, if they're sued, they usually can't prove the patient got a full explanation of what he was signing. So they're legally vulnerable, defense attorneys point out.

A FIVE-DOCTOR GROUP THAT GOT BOOTTED OUT of a Kaiser Plan hospital in Hawaii in a dispute over their pay (see p. 82) just recently filed suit against the plan for \$1,700,000. The doctors allege that the plan sullied their "integrity and professional competence."

BOGGED DOWN BY BILLING? Your monthly statements can be made up in two or three hours if you switch to copy-machine billing, a new study by this magazine indicates. Medical offices

...Professional briefs

that send patients machine-made copies of their master account cards save as much as 24 hours a month over the old way. And this type of bill, because it's fully itemized, also improves collection ratios, they report.

THE A.M.A.'S WHITE HOPE for avoiding Social Security-paid care for the aged—the Kerr-Mills program—looks like a white elephant to N.J. Commissioner J. W. Tramburg. He says it's so tough to administer that he "would need a bureaucracy...to keep the program clean." It's potentially "the biggest scandal ever to hit America," he adds. "I have no desire to be hung because of a foolish program."

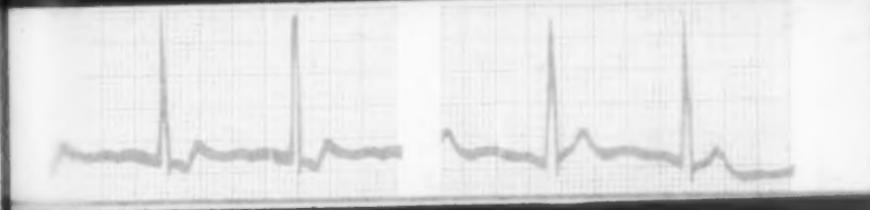
BILL-PADDING BY DOCTORS in accident cases isn't limited to medicine's fringe operators, says the New York State Board of Regents. It has found that insurance companies have been defrauded of "millions of dollars" and that many of the doctors involved are "men of recognized standing in their profession." In one county alone, it found 81 doctor-suspects. Now it's checking other metropolitan areas.

JEWISH MEDICAL STUDENTS now comprise nearly 20 per cent of total medical school enrollment, the Anti-Defamation League reports, calling this a "heartening advance" from the 1940s. The percentage then was only half that.

radiocardiography



supports



electrocardiography

radiocardiography

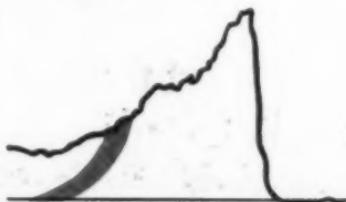
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electrostatics

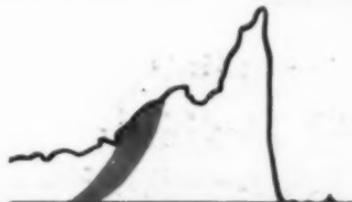
Now... 2 objective tests demonstrate that
**Peritrate produces a substantial and sustained
increase in coronary blood flow
in patients with or without angina**

Radioisotopic measurements show: In postcoronary patients, with or without angina, Peritrate increases myocardial blood flow "...beginning within one hour after ingestion and lasting up to five hours..."

Before Peritrate—Tracing shows reduced coronary blood flow (shaded area) after myocardial infarction.³



After Peritrate—Significant increase in coronary blood flow of postcoronary patient.

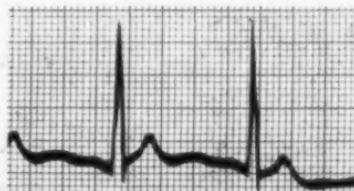


ECG response to standard exercise shows: A 20 mg. dose of Peritrate "...affords protection for four to five hours..."³

Before Peritrate—Exercise ECG shows ST segment depression.



After Peritrate—Exercise ECG shows normal ST segment.



Peritrate is safe — causes no change in cardiac output,¹ no significant change in blood pressure or pulse rate.

Full dosage information, available on request, should be consulted before initiating therapy.

1. Johnson, P. C., and Sevelius, G.: J.A.M.A. 173:1231 (July) 1960.
2. Sevelius, G., and Johnson, P. C.: Use of Radioisotopes to Record Myocardial Blood Flow Changes Produced by Coronary Dilators, Scientific Exhibit, A.M.A. Meeting, Miami, Fla., June, 1960.
3. Russak, H. I.: Postgrad. Med. 39:562 (June) 1956.

basic therapy in coronary artery disease
—with or without angina

Peritrate
Brand of pentamethylbenzamine



FEDERAL, CALIFORNIA PHARMACEUTICAL MANUFACTURERS





attains activity levels promptly

DECLOMYCIN Demethylchlortetracycline attains—usually within two hours—blood levels more than adequate to suppress susceptible pathogens—on daily dosages substantially lower than those required to elicit antibiotic activity of comparable intensity with other tetracyclines. The average, effective, adult daily dose of other tetracyclines is 1 Gm. With DECLOMYCIN, it is only 600 mg.

TETRACYCLINE ACTIVITY WITH DECLOMYCIN THERAPY

100 mg. q.i.d.

TETRACYCLINE ACTIVITY WITH OTHER TETRACYCLINE THERAPY

250 mg. b.i.d.

POSITIVE ANTIBACTERIAL ACTION

D

sustains activity levels evenly

DECLOMYCIN Demethylchlortetracycline sustains, through the entire therapeutic course, the high activity levels needed to control the primary infection and to check secondary infection at the original—or at another—site. This combined action is usually sustained without the pronounced hour-to-hour, dose-to-dose, peak-and-valley fluctuations which characterize other tetracyclines.



PROTECTION AGAINST PROBLEM PATHOGENS

DELOMYCIN[®]

DEMETHYLCHLORTETRACYCLINE LEDERLE

*retains activity
levels 24-48 hrs.*

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DELOMYCIN Demethylchlortetracycline retains activity levels up to 48 hours after the last dose is given. At least a full, extra day of positive action may thus be confidently expected. The average, daily adult dosage for the average infection—1 capsule q.i.d.—is the same as with other tetracyclines... but total dosage is lower and duration of action is longer.

DAYS	1	2	3	4	5	6
DAYS OF TETRACYCLINE A DOSAGE						
DURATION OF PROTECTION						
DAYS OF TETRACYCLINE B DOSAGE						
DURATION OF PROTECTION						
DAYS OF TETRACYCLINE C DOSAGE						
DURATION OF PROTECTION						
PROTECTION AGAINST RECURRENCE						
DURATION OF PROTECTION						

CAPSULES, 150 mg., bottles of 16 and 100. Dosage: Average infections—1 capsule four times daily. Severe infections—Initial dose of 2 capsules, then 1 capsule every six hours.

PEDIATRIC DROPS, 60 mg./cc. in 10 cc. bottle with calibrated, plastic dropper. Dosage: 1 to 2 drops (3 to 6 mg.) per pound body weight per day—divided into 4 doses.

SYRUP, 75 mg./5 cc. teaspoonful (cherry-flavored), bottles of 2 and 16 fl. oz. Dosage: 3 to 6 mg. per pound body weight per day—divided into 4 doses.

PRECAUTIONS—As with other antibiotics, DELOMYCIN may occasionally give rise to glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis or dermatitis. A photodynamic reaction to sunlight has been observed in a few patients on DELOMYCIN. Although reversible by discontinuing therapy, patients should avoid exposure to intense sunlight. If adverse reaction or idiosyncrasy occurs, discontinue medication.

Overgrowth of nonsusceptible organisms is a possibility with DELOMYCIN, as with other antibiotics. The patient should be kept under constant observation.


LEDERLE LABORATORIES
A Division of
AMERICAN CYANAMID COMPANY
Pearl River, New York

*for functional disorders of menopause...
cardiac neuroses...
interval treatment of headache*



BELLERGAL®

SPACETABS®

*effectively relieves distress of
hot flashes • sweating • headache
• excessive fatigability
• irritability • palpitation • insomnia.*

"A double blind study shows that . . . Bellergal Spacetabs is well suited for the symptomatic treatment of patients with vasomotor symptoms. Excellent to good results were achieved in 78 per cent of all complaints. . . . Symptoms of autonomic instability in patients with psychosomatic disorders alone, in those in the menopause, or in those in whom it was concomitant with organic disease were well controlled." Bernstein, A. and Simon, F.: Angiology 9:197, August 1958.

BELLERGAL SPACETABS—Bellafoline 0.2 mg., ergotamine tartrate 0.6 mg., phenobarbital 40.0 mg. *Dosage:* 1 in the morning, and 1 in the evening.

BELLERGAL TABLETS—Bellafoline 0.1 mg., ergotamine tartrate 0.3 mg., phenobarbital 20.0 mg. *Dosage:* 3 to 4 daily. In more resistant cases, dosage begins with 6 tablets daily and is slowly reduced.





A SAFE APPROACH

IN THE TREATMENT OF PSORIASIS



RIASOL

Clinically tested, safe and effective RIASOL offers maximum assurance against recurrence and adverse reactions.

RIASOL contains 0.45% Mercury chemically combined with soaps, 0.5% Phenol, and 0.75% Cresol. Available at pharmacies or direct in 4 and 8 fluid ounces. Write for professional sample and literature.



laboratories

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12050 MANSFIELD

DETROIT 27, MICHIGAN



One pharmaceutical research executive points up the importance of failures as guideposts to success in the search for new or improved drugs when he says:

“Failure is our most important product.”

The pharmaceutical industry's investment in research has been growing much faster than the industry itself. Last year the prescription drug companies spent a record \$197 million for research, a five-fold increase in the space of ten years. Such an investment is possible, of course, only when there are profits. • This growth in privately financed research has sent the volume of laboratory failures soaring. For two years in a row the pharmaceutical industry has tested more than 100,000 substances in the search for new medicines. Fewer than two per cent showed enough promise for clinical testing. Only a handful will ever be sold as prescription drugs. The odds against finding a product with therapeutic value probably exceeded 2000-to-1. • But year by year, as the failures mount, the successes also increase, putting new or improved medications at the disposal of the medical profession. And the public benefits through better health, specific cures, shorter hospitalization, longer lives. • This is only one part of the massive assault on disease that engages the health team headed by the medical profession and embracing hospitals, nurses, pharmacists, technicians, and colleges. It is an effort that could only take place in a society which encourages individual freedom and guarantees incentives to freedom of enterprise.

This message is brought to you in behalf of the producers of prescription drugs. For additional information, please write Pharmaceutical Manufacturers Association, 1411 K Street, N.W., Washington 5, D.C.

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When the nervous insomniac
needs help in relaxing tensions
that torment sleep

Daytime therapy for tension insomnia avoids "knockout" pills at night

What is this daytime therapy?

It is the daytime use of Meprotabs (meprobamate) to stop nervous tensions from building up to the point where they keep the patient awake at night.

Has it been thoroughly studied?

Yes. Over 20 published clinical reports[†] have proved that the daytime use of meprobamate is very effective in relieving insomnia. Many investigators have found it to be an excellent substitute for barbiturates.

What are its chief advantages?

It eliminates the need for the "knockout" hypnotics at bedtime. The patient is relaxed and drifts easily into a sound sleep whenever he wants to. Meprotabs allows the patient to awaken alert and refreshed. There is no mental fogging to confuse the patient at work.

Dosage: 1 tablet t.i.d. with last tablet at bedtime.

Supplied: White, coated 400 mg. tablets of meprobamate; bottles of 50.

[†]Bibliography available on request.



Meprotabs*

meprobamate tablets



WALLACE LABORATORIES / Cranbury, N.J. *TRADE-MARK

Corticotherapy
in
brief

Disease:

Rheumatoid arthritis

Use of Medrol:

In severe or moderately severe cases, initial dosage of Medrol is 8 to 16 mg. daily; maintenance dosage ranges from 4 to 12 mg. daily, adjusted stepwise every 5 to 10 days in accordance with response. In children, and also in adults with moderate disease, both initial and maintenance dosage is Medrol 4 to 8 mg. daily.

"It [methylprednisolone] is potent and displays a slightly improved 'safety' record, showing a reduced frequency of disturbing side-effects as compared with the other steroids."

—Neustadt, D.H.: J.A.M.A.,
170: 1253 (July 11) 1959.

Narrowing of proximal interphalangeal joint spaces in early stage of rheumatoid arthritis

Medrol® Upjohn

Each tablet contains:
Medrol (methylprednisolone)
2, 4, or 16 mg.

Medrol hits the disease,
but spares the patient.

*Trademark, Reg. U. S. Pat. Off.—
methylprednisolone, Upjohn
The Upjohn Company,
Kalamazoo, Michigan

Letters

Medical Economics, January 30, 1961

Son study medicine?

SIRS: I have another answer to your question, "Advise Your Son to Study Medicine?" When I was young, three physicians in my family did everything they could to discourage me from becoming a doctor. I persisted against great adversity, and I have never regretted it. My wife and I plan to handle our own 17-year-old son this same way. If he shows any inclination to choose medicine, we will try to argue him out of it. Then, if he persists, we can be fairly sure that he wants very much to be a doctor—and for the right reasons, not from economic motives or the like.

—G. G. Rhodes, M.D.

Albuquerque, N.M.

Collecting small bills

SIRS: I have a suggestion concerning "How Long Should You Try to Collect Five Dollars?" For four years, I tried everything, including collection agencies. Few wanted to bother with accounts under \$25; and if they did, they only antagonized the patient.

After I had lost about \$4,000 in small bills, I devised a two-step system that seems to work well.

First, my aide attempts to collect all small accounts (up to \$10) at the time of each visit. If she fails—and if routine follow-ups fail too—she takes the second step: She places a small piece of red tape on the patient's account card. When he shows up again—as he almost invariably does—the girls are ready for him. Before he gets any further service, he must pay off his balance.

—George R. Farrell, M.D.

San Diego, Calif.

Medicine's image

SIRS: You recently published a letter from a fellow Californian who was apparently disgusted with what he called medicine's image. He said, among other things: "The rank-and-file physician isn't given the opportunity to select and elect desirable officers and delegates." This leaves a totally wrong impression.

The 200-member House of

...Letters

Delegates, the policy-making body of the A.M.A., is made up of elected representatives from the state societies. Each state society elects one of its members as a delegate for every 1,000 A.M.A. members. Thus, from the very beginning, democratic principles have prevailed within organized medicine.

If a physician's voice isn't heard, it isn't the fault of the A.M.A. It's the fault of the doctor himself for not taking a

more active interest in the affairs of medicine at both county and state levels.

—E. Vincent Askey, M.D.

President
American Medical Association
Los Angeles, Calif.

On help-less practice

SIRS: I admire the stand the author took in "A No-Girl Office Suits Me Fine." But without help, I'd have ulcers in no time. I'd rather have a high

DEPENDABLE...DISPOSABLE **URINE TESTS**

AMES

COMPANY, INC.
Elkhart • Indiana
Toronto • Canada



albustix®
urine protein

clinistix®
urine glucose

ketostix®
urine ketones

phenistix®
urine phenylketones

combistix®
urine protein - glucose - pH

uristix®
urine protein - glucose

DORIDEN: MORE SUITABLE FOR MORE PATIENTS FOR MORE SATISFYING SLEEP



Doriden offers sound, restful sleep for patients who are sensitive to barbiturates, elderly patients, patients with low vital capacity and poor respiratory reserve and those who are unable to use barbiturates because of hepatic or renal disease. Onset of sleep with Doriden is smooth and gradual, usually with no preliminary excitation. Doriden acts within 30 minutes, and sleep lasts for 4 to 8 hours. Except in rare cases, no "hang-over" or "fog," because Doriden is rapidly metabolized. **SUPPLIED:** Tablets, 0.5 Gm., 0.25 Gm. and 0.125 Gm.

Complete information sent on request.

DORIDEN®
(glutethimide CIBA)

C I B A
SUMMIT, N. J.

...Letters

overhead than take the risk. Anyway, I think most patients nowadays expect a doctor to have an aide.

—Thomas E. Snyder, M.D.
East Syracuse, N.Y.

Investment counselors

SIRS: In a recent article on investment counselors, you didn't mention a problem they've helped me solve. We physicians seem to be prime targets for friends,

relatives, patients, and colleagues who want us to get in on "investment opportunities." It's almost impossible to turn them down without giving offense.

When such bait is offered to me, I say, "Here is my investment counselor's address. I act only on his recommendation." This approach has saved me friendships, patients, time, and money.

—David Falk, M.D.
Bakersfield, Calif.

DERMATOLOGIC[®]

Ointment 3%
Ointment 3% with Hydrocortisone 2%
(each with methylparaben 2.4% and
propylparaben 0.6% in a wool fat-petrolatum base)



ACHROMYCIN[®]

Tetracycline Lederle

a standard in topical antibiotic therapy

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.

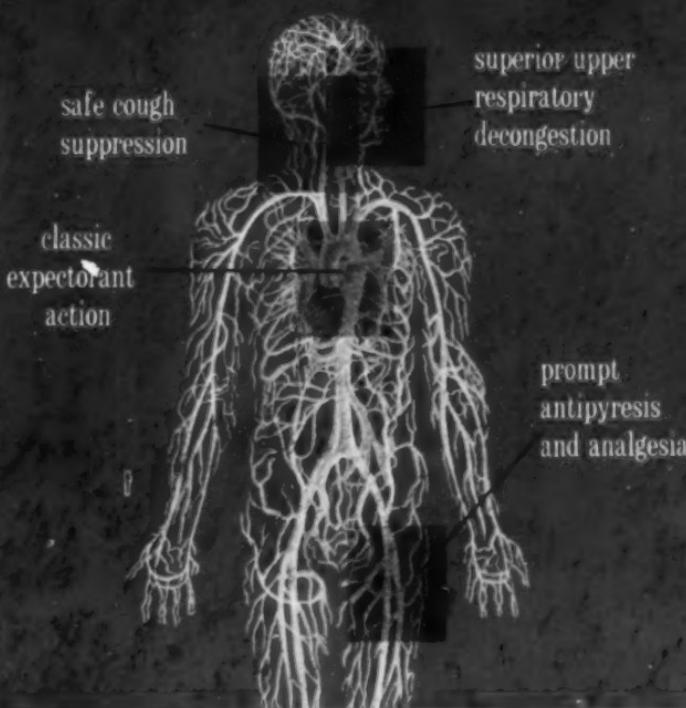


Each
provi
THIAM
DOPHE
TERP
APAT
Dosap
one t
and a
swall
relea

EADEN

DOP

for relief from the total cold syndrome...



Tussagesic*

timed-release tablets / suspension

Each *Tussagesic* timed-release Tablet provides:

TRIAMINIC®	50 mg.
DORMETHAN (brand of dextromethorphan HBr)	30 mg.
TERPIN HYDRATE	180 mg.
APAP (acetaminophen)	325 mg.

Dosage: Adults and children over 12—one tablet in the morning, midafternoon and at bedtime. Each tablet should be swallowed whole to preserve the timed-release action.

Each tsp. (5 ml.) of *Tussagesic* Suspension provides:

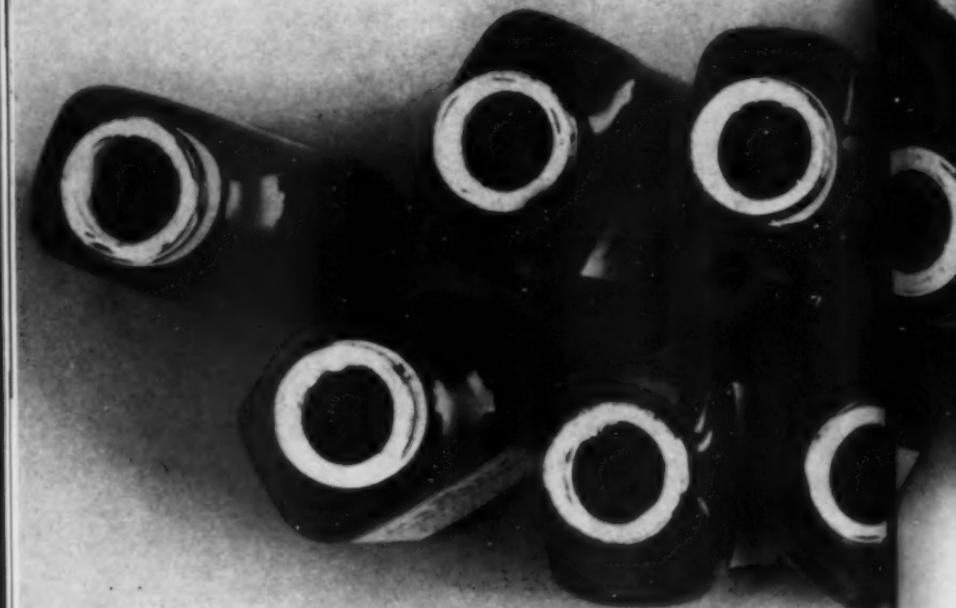
TRIAMINIC®	25 mg.
DORMETHAN (brand of dextromethorphan HBr)	15 mg.
TERPIN HYDRATE	90 mg.
APAP (acetaminophen)	130 mg.

Tussagesic Suspension is especially suited for children and for adults who prefer liquid medication; it is pleasantly flavored, non-narcotic and non-alcoholic.

Dosage (to be taken every 3 or 4 hours):
Adults and children over 12—1 or 2 tsp.;
Children 6 to 12—1 tsp.; Children 1 to 6
—½ tsp.; Children under 1—¼ tsp.

*TRADEMARK

DORSEY LABORATORIES • a division of The Wander Company • Lincoln, Nebraska



"wearability"



**NO TASTE FATIGUE
EXCELLENT RESULTS
NO CONSTIPATION**

***the most widely prescribed and
most wearable of all antacids***

suspension

tablets

tomorrow she'll need...
J



PARAFON

(PARALEX® + TYLENOL®)

for relief of pain and muscle spasm

Winter activity often calls soft and unused muscles into play. To relieve the frequently painful consequences, a logical choice is PARAFON. Combining a superior muscle relaxant with a preferred musculoskeletal analgesic, PARAFON promptly alleviates pain and stiffness, restores mobility, and accelerates recovery. Just 2 tablets provide up to 6 hours of relief. PARAFON is effective in musculoskeletal disorders, such as sprains, strains, myositis, whiplash injuries, low back pain, and fibrositis. Side effects are rare, almost never require cessation of therapy.

Dosage: Two tablets t.d.o. or q.d.

Supplied: Scored, pink tablets, bottles of 30. Each tablet contains PARALEX® Chlazoxazone 125 mg. and TYLENOL® Acetaminophen 300 mg.

U.S. Patent No. 3,805,877

McNEIL

MCNEIL LABORATORIES, INC.
PHILADELPHIA 32, PA.



for predictable elimination . . .

Fleet whatever the schedule

PHOSPHO-SODA

works within one hour or overnight
as a gentle laxative or purgative

PHOSPHO-SODA conveniently fits any schedule because its effect can be controlled by dosage and time of administration. It produces normal, soft bowel movements without g.i. discomfort or irritation. Pleasant to take in cold water, carbonated beverages, or fruit juices. Recognized as a superior eliminator for over 60 years.

100 cc. contains: 48 Gm. sodium biphosphate and 18 Gm. sodium phosphate in bottles containing 2½, 6, and 16 fl.oz.

When an enema is needed: Fleet Enema Ready-to-Use Squeeze Bottle containing 4½ fl.oz.; Fleet Enema Pediatric, 2¼ fl.oz.; Fleet Oil Retention Enema, 4¼ fl.oz. ready-to-use unit containing Mineral Oil U.S.P.

Available at all pharmacies.

C.B. FLEET CO., LYNCHBURG, VIRGINIA



Schering

for your patient with

hypertension

these benefits from

Naqua™

trichlormethiazide

often the only drug required for satisfactory reduction of blood pressure in both mild and moderate hypertension...commonly relieves headache, palpitation, etc.¹...may further reduce blood pressure levels reached on previous regimens²...usually obviates need for potassium supplements...potentiates effect of some adjunctive antihypertensive agents, decreasing their dosage needs, thereby reducing their potential side effects...economically priced for special benefit of long-term patients. **Packaging:** NAQUA Tablets, 2 and 4 mg., scored, bottles of 100 and 1000. **References:** (1) Cohen, B. M.: Newer Saluretic Agents in the Therapy of Hypertension, paper presented at 6th Internat. Cong. Int. Med., Basel, Switzerland, Aug. 24-27, 1960. (2) Ford, R. V.: Am. J. Cardiol. 5:407, 1960.

8-188

In rheumatoid arthritis



when painful muscles relax inflamed joints need less steroid

When you use **SOMACORT** in arthritis, Soma® relaxes stiff muscles and relieves pain so that joint inflammation can be effectively controlled with smaller doses of prednisolone—safer for long-term use. **SOMACORT** saves your patients about 40% when compared to Soma and prednisolone prescribed separately.

Usual dosage: 1 or 2 **SOMACORT** Tablets 4 times daily. **Supplied:** as white, scored tablets, each containing 350 mg. Soma (carisoprodol) and 2 mg. prednisolone. Bottles of 50.

SOMACORT

anti-inflammatory/muscle relaxant/analgesic

(carisoprodol, Wallace, with prednisolone)



Write for literature and samples.

WALLACE LABORATORIES, Cranbury, New Jersey

Ten ways to cut your insurance costs

Big discounts are available to you on life, fire, and casualty insurance—but not automatically. You have to ask

By George A. Strader

Some doctors are lucky: Their insurance advisers tip them off to every possible method of shaving premiums. Other doctors have to learn these things for themselves. If you aren't lucky and if you've never learned, I'll venture a guess that you can reduce your premiums by 15 to 25 per cent without materially reducing your insurance protection.

How? There are at least ten ways. You may well want to alter your existing policies in the light of these premium-saving tips:

1. *Ask if deductible policies are available.* With these, you pay the first \$50, \$100, or \$200

of a loss in return for a substantial premium discount. Of course, that does reduce your coverage a bit. But it's usually worth it in premium savings. No doubt your collision insurance is already written on this basis. But you may not be aware that you can get the deductible feature added to other casualty contracts and to fire insurance. Next time you buy or renew, look into deductibles for lower premiums.

2. *Get "packaged" insurance wherever possible.* For example, if you have separate policies for fire, theft, and personal liability, you're paying regular premiums on each. By buying all this cov-

in common
lower
urinary tract
infections
ensure
antibacterial
action and
relieve
discomfort
in minutes

new Azo-Mandelamine

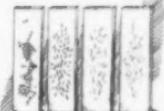
THE URINE-SPECIFIC ANALGESIC/ANTIBACTERIAL



URINARY TRACT, REPRODUCTIVE, PROSTOLOID, PERITONIC

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new Azo-Mandelamine

 controls urinary infection
without producing resistant mu-
tants  relieves urinary pain
in 30 minutes  effective
against most urinary pathogens
 active only in the uri-
nary tract  sensitization
and other systemic reactions
do not develop  well-
tolerated over long periods

Composition: Each Azo-Mandelamine Tablet contains 50 mg. phenylazo-diamino-pyridine HCl (Pyridium®) and 500 mg. methenamine mandelate (Mandelamine®).

Dosage: Two Azo-Mandelamine Tablets q.i.d. **Contraindications:** Azo-Mandelamine is contraindicated in renal insufficiency, uremia, severe hepatitis, and in pyelonephritis of pregnancy associated with gastrointestinal disturbance. Full dosage information, available on request, should be consulted before initiating therapy.

...Your insurance

erage in a single homeowner's policy, you get a better deal. You may save up to 25 per cent in premiums.

Or suppose you want a little life insurance on your wife and children as well as on yourself. It's usually more costly to carry separate policies for each than to purchase a "package" that covers you and your family.

3. Pick the longest possible period between premiums. For example, pay life insurance premiums annually. Don't pay them on a quarterly or semi-annual

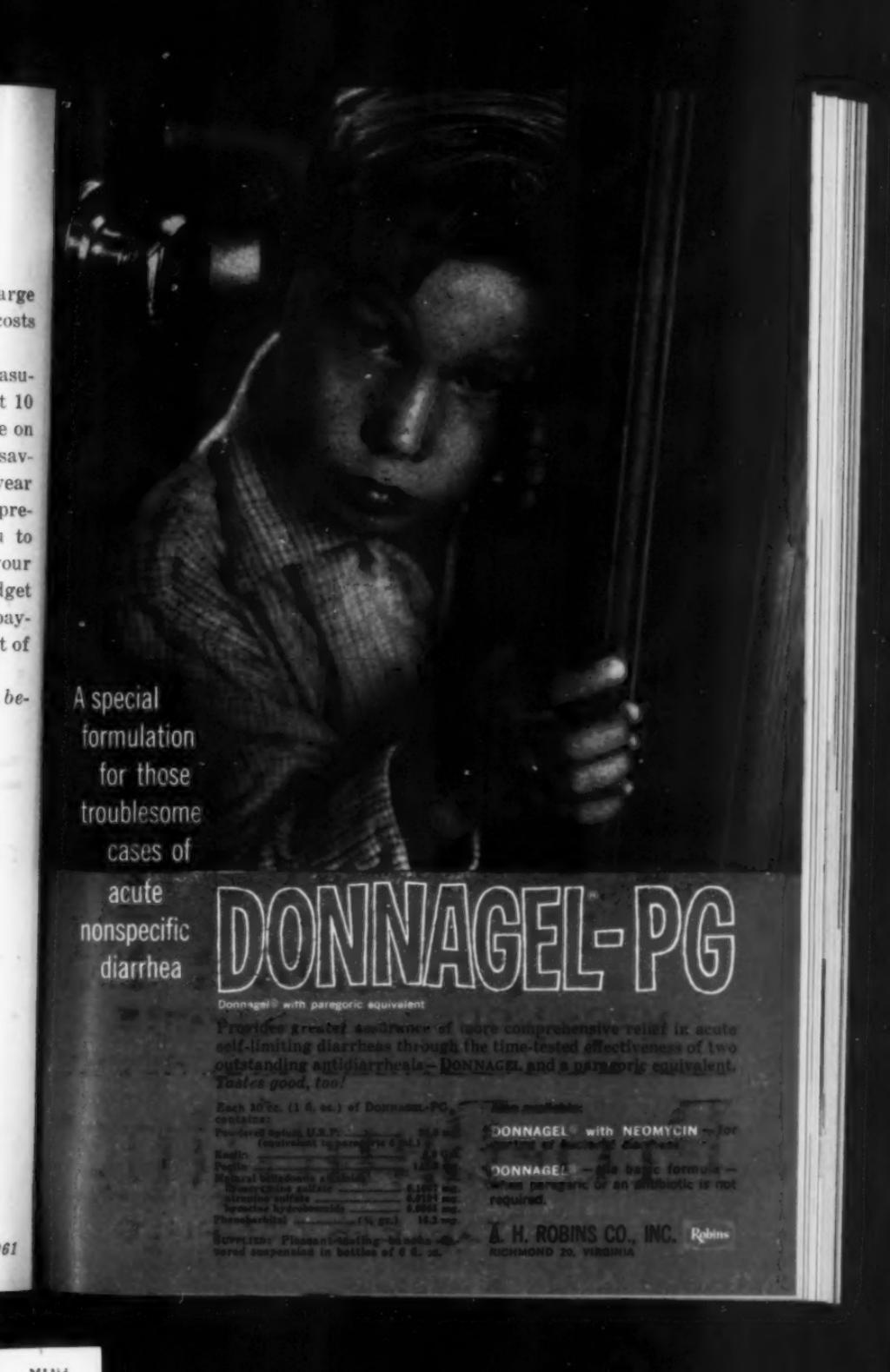
basis. If you do, an extra charge is added to cover billing costs—with interest.

As for certain fire and casualty policies, you save about 10 per cent when you buy these on a three-year basis. And the saving is 12 per cent on a five-year basis. If you feel a five-year premium is too much for you to swing at one time, ask your broker to explain the "budget plan" that spreads out your payments yet still gives you most of the long-term savings.

4. Add to existing policies be-



"It's been 67 days—67 days, Dr. George Hamilton Cartwright—since you last had your rubber-sheathed hands in a patient's abdomen."



A large
costs

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A special
formulation
for those
troublesome
cases of
acute
nonspecific
diarrhea

DONNAGEL®-PG

Donnagel® with paregoric equivalent

Provides greater assurance of more comprehensive relief in acute self-limiting diarrhea through the time-tested effectiveness of two outstanding antidiarrheals—DONNAGEL and a paregoric equivalent. Tastes good, too!

Each 10 cc. (1 fl. oz.) of DONNAGEL-PG contains:

Powdered Opium, U.S.P.	0.5 mg.
(equivalent to paregoric 0.5 ml.)	
Kaoelin	1.0 g.
Psyllium	1.0 g.
Natural Bismuth Subnitrate	0.0007 mg.
Atropine sulfate	0.0001 mg.
Sucrose hydrochloride	0.0004 mg.
Phenobarbital (1% sol.)	10.3 mg.

SUPPLEMENT: Pleasant-tasting banana-flavored suspension in bottles of 6 fl. oz.

DONNAGEL® with NEOMYCIN— for
the treatment of bacterial diarrhea.

DONNAGEL®—the basic formula—
when paregoric or an antibiotic is not
required.

A. H. ROBINS CO., INC. Robins
RICHMOND 20, VIRGINIA



MILD—MODERATE—SEVERE
GASTROINTESTINAL DISORDERS

Pro-Banthine®
Brand of propantheline bromide
TABLETS / AMPULS

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One characteristic of Pro-Banthīne which has won it general medical acceptance is its versatility. Pro-Banthīne has proved highly useful in the management of gastrointestinal disorders varying widely in both symptoms and severity.

In peptic ulcer and in other disorders characterized by hyperacidity, hypermotility or spasm of the enteric tract, Pro-Banthīne controls symptoms with a consistency which has been attested in more than 375 published reports.

This therapeutic proficiency results not merely from the high level of pharmacodynamic activity of Pro-Banthīne but also from a favorable balance of its actions on both autonomic ganglia and parasympathetic effector organs. The total effect of this activity permits doubling or tripling the usual dosage to relieve severe or intractable conditions without unduly extending or aggravating unwanted secondary effects.

Less than a satisfactory response¹ to Pro-Banthīne may often be simply a result of less than adequate dosage.

Pro-Banthīne, brand of propantheline bromide, is supplied in tablets of 15 mg. for oral administration in conditions such as peptic ulcer, gastritis, duodenitis, pylorospasm, biliary dyskinesia and spastic colon, and in ampuls of 30 mg. for intramuscular or intravenous administration in conditions such as ureteral spasm and pancreatitis in which prompt and vigorous effects are required or when nausea and vomiting preclude oral administration.

Usual adult dosage: One tablet four times daily. Up to four tablets may be administered four times daily for severe manifestations.

When emotional factors prevail —

PRO-BANTHINE® with DARTAL®
(Not more than four tablets daily.)

or **PRO-BANTHINE® with Phenobarbital**

1. Krantz, J. C., Jr., and Carr, C. J.: *The Pharmacologic Principles of Medical Practice*, Baltimore, The Williams & Wilkins Company, 1958, p. 843.

G. D. SEARLE & CO., CHICAGO 80, ILLINOIS

Research in the Service of Medicine

...Your insurance

fore buying new ones. Suppose you decide your present life insurance coverage isn't enough and that if you died tomorrow your widow would need an additional \$200 a month for twenty years to take care of your growing family. You'd need roughly \$40,000 of new coverage to provide that monthly sum. And such new coverage would ordinarily cost you \$750 a year, assuming you're now 35.

But you can get that same protection (\$200 a month for the next twenty years) for only \$165 a year. How? By adding a twenty-year family-income rider to an existing policy. The rider won't provide additional cash value if you live, but it will protect your family if you die.

5. See if any group life insurance is available to you. A growing number of medical societies are arranging group-type discounts for their members. When a sizable percentage agree to sign with the same company, they get individual policies at close to group rates—a saving of about 20 per cent. If your medical society doesn't yet offer such a plan, maybe it can be

persuaded to. If not, remember that a part-time salaried job may bring group life insurance through your employer.

6. Don't over-insure. "Land and foundations don't burn," one broker explained recently as he reduced a doctor's fire policy from \$35,000 (the cost of a new house and lot) down to \$27,000. The broker's realistic appraisal cut the premium considerably.

7. Take advantage of the co-insurance clause. This provides that you need insure your office or home for only 80 per cent of its insurable value to be assured of collecting in full for partial losses. Say the insurable value of your office building is \$20,000. If you insure it for \$16,000 with a co-insurance clause, you get full protection for any losses up to \$16,000 at a 20 per cent discount.

But beware of carrying less than the co-insurance clause requires. If you insured for only \$8,000—half the \$16,000 you should carry—you'd collect only half of any loss, no matter how small.

8. Don't carry endowment or retirement policies if ordinary

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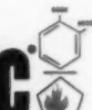


"TENNIS ELBOW"

...and other painful or disabling musculoskeletal conditions often respond rapidly to the "antidoloritic"** effects of DECAGESIC. DECAGESIC helps restore normal function by relieving pain and discomfort, by its anti-inflammatory effect, and by imparting a sense of well-being. DECAGESIC combines the benefits of DECASTRON® (dexamethasone) and aspirin with aluminum hydroxide to provide increased effectiveness and to reduce the possibility of side effects.

Indications: Acute painful inflammatory musculoskeletal disorders, mild to moderate rheumatic and arthritic conditions, other collagen disorders and conditions in which the conjunctive administration of a corticosteroid and salicylate can be beneficial.

Dosage: 1 or 2 tablets 3 or 4 times daily. The usual precautions of corticosteroid therapy should be observed. Additional information on DECAGESIC is available to physicians on request. **Supplied:** Bottles of 100. Each tablet contains 0.25 mg. of DECASTRON (dexamethasone), 500 mg. of aspirin and 75 mg. of aluminum hydroxide (present as the dried gel). DECAGESIC and DECASTRON are trademarks of Merck & Co., Inc. **"Antidoloritic" describes the relief of pain associated with inflammation—dolor = pain, tic = associated with inflammation.

Decagesic • 
dexamethasone with aspirin and aluminum hydroxide

CONSERVATIVE MANAGEMENT FOR PROMPT SUPPRESSION
OF INFLAMMATION AND FOR RELIEF OF ASSOCIATED PAIN



MERCK SHARP & DOHME
Division of Merck & Co., Inc.
West Point, Pa.

...Your insurance

life insurance will do. The difference in premiums is substantial. One doctor who'd loaded up with \$40,000 worth of endowment contracts recently switched to ordinary life. His premiums dropped from about \$1,800 a year to \$750. "Since my insurance is meant primarily for protection, and I want only a small amount of savings, ordinary life suits me fine," he says.

9. Don't continue to pay extra-risk premiums on life insurance when you're no longer a risk. For example, perhaps you were assigned a high premium for health reasons when you took out a policy some years ago. If so, it might be a good idea to have the company give you a

new physical examination. Even if your health hasn't improved, you might get a lower risk rating. Insurance companies are now far more liberal about such ratings than they used to be.

10. Take advantage of premium discounts on big blocks of life insurance. Companies used to charge the same rate per \$1,000 whether you bought a \$1,000 policy or a \$20,000 one. Now, rates are lower for insurance bought in blocks of \$10,000 to \$25,000. It doesn't usually pay to drop your old, small policies in favor of one big new one. But for any additional life insurance you need, try to buy one or two big contracts and get the discount.

IN BRIEF
DIONINE
the dihydro-
dihydro-4-m-
antihistamine
for prevent-
vomiting
INDICATIONS
of dramatic relief
pregnancy,
sickness, v-
iated with
arthritis, fe-
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with cere-
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ADMINISTRA-
of nausea
single dose
usually with
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SIDE EFFECTS
side effect

PFIZER

Matrimonial lesson

As an obstetrician recently out of residency, I see a number of house officers' wives as maternity patients. Recently an interne's wife had a prolonged, difficult labor due to a firm cervix.

After an all-night vigil, I had to inform her husband that she still wasn't ready for delivery. The tension was much lessened when he shook his head and said, "This will teach me to marry a primip!"

—BOYD C. QUINT, M.D.

uncomplicated

*prevention of "next-morning sickness" with
a single bedtime dose*

Bonine®

BRAND OF MECLIZINE HYDROCHLORIDE

a record of effectiveness, excellent toleration, and economy



IN BRIEF

BONINE (meclizine hydrochloride) is the dihydrochloride of 1-p-chlorobenzhydryl-4-m-methylbenzylpiperazine, an antihistaminic-anticholinergic compound for prevention and relief of nausea and vomiting due to a variety of causes.

INDICATIONS: Valuable in the symptomatic relief of nausea and vomiting of pregnancy. Also indicated for motion sickness, radiation sickness, vertigo associated with Ménière's syndrome, labyrinthitis, fenestration procedures, vestibular dysfunction, and dizziness associated with cerebral arteriosclerosis.

ADMINISTRATION AND DOSAGE: For control of nausea and vomiting of pregnancy, a single dose of 25 to 50 mg. at bedtime is usually effective. For dosage schedules in other indications, see package insert.

SIDE EFFECTS: Not a phenothiazine, the side effects reported in association with

BONINE have been uncomplicated, mild and/or transient and consist of occasional drowsiness, dryness of the mouth, and blurred vision. There are no known contraindications to BONINE.

PRECAUTIONS: As with other antihistaminic compounds, the physician should inform patients of the need for caution in driving a car or when engaged in other activities requiring alertness.

SUPPLIED: BONINE Tablets, scored, tasteless, 25 mg. BONINE Chewing Tablets, mint-flavored, 25 mg. BONINE Elixir, cherry-flavored, 12.5 mg. per teaspoonful (5 cc.).

*only rarely does one drug
meet so well the
needs of one condition*



*More detailed professional information
available on request.*

Science for the world's well-being™ **Pfizer**

PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York.



how
shall
she dress
?
she wants
to know
now
you
can
tell her
(even in the
first week)



with

Pro-Duosterone

anhydrohydroxyprogesterone, 50 mg. } per tablet
ethinyl estradiol 0.03 mg. }

the 3-day, oral test for early diagnosis of pregnancy

If she is not pregnant, and has previously had regular menstrual cycles, withdrawal bleeding will occur within a few days after PRO-DUOSTERONE (1 tablet q.i.d. for 3 days). In functional amenorrhea, regular menstrual cycles may often be restored.

If she is pregnant, no progesterone withdrawal bleeding can occur. Moreover, PRO-DUOSTERONE actually protects pregnancy, and may be indicated

to help improve implantation in habitual abortion.

"... a safe, physiologic method..." the convenient PRO-DUOSTERONE has proved highly accurate (95.2% in 1,553 clinical studies) as early as a week after the first missed menses when animal tests cannot be considered valid.

Supplied: Bottles of 24 tablets.

1. Hayden, G.E.: Am. J. Ob. & Gyn. 76:271, 195

— **ROUSSEL** — Roussel Corporation, 155 East 44th Street, New York 17, N.Y.



What's she doing that's of medical interest?

She's drinking a glass of pure Florida orange juice. And that's important to her physician for several reasons.

How your patients obtain their vitamins or any of the other nutrients found in citrus fruits is of great medical interest—because there are so many substitutes and imitations for the real thing.

Actually, there's no better way for this young lady to obtain her vitamin C than by doing just what she is doing, for there's no better source than oranges and grapefruit ripened in the Florida sunshine.

We know that a tall glass of orange juice is just about the best thing a patient can reach for when he or she raids the refrigerator. We also know that if you encourage this refreshing and healthful habit among your patients of any age, you'll be helping them to the finest between-meals drink there is.

Nothing has ever matched the quality of Florida citrus—watched over as it is by a State Commission that enforces the world's highest standards for quality in fresh, frozen, canned, or cartoned citrus fruits and juices.

That's why the young lady's activities are of medical interest.

©Florida Citrus Commission, Lakeland, Florida

another patient with hypertension?



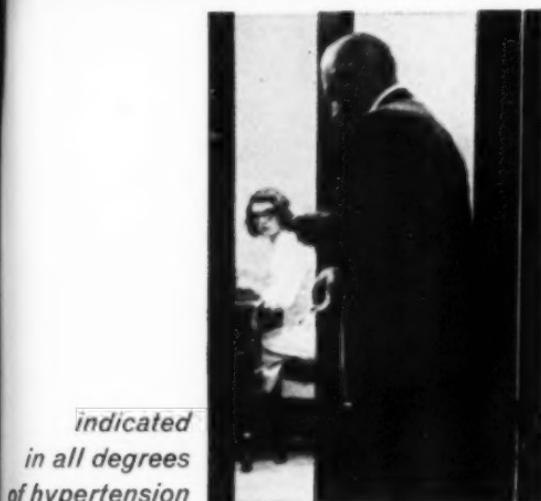
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For
ME



*indicated
in all degrees
of hypertension*

*effective
by itself in most
hypertensives*

HYDRO-PRES*

HYDRODIURIL® with RESERPINE
Hydrochlorothiazide†

HYDRO-PRES can be used:

► *alone*

(In most patients, HYDRO-PRES is the only antihypertensive medication needed.)

► *as basic therapy, adding other drugs if necessary*

(Should other antihypertensive agents need to be added, they can be given in much lower than usual dosage so that their side effects are often strikingly reduced.)

► *as replacement therapy, in patients now treated with other drugs*

(In patients treated with rauwolfia or its derivatives, HYDRO-PRES can produce a greater antihypertensive effect. Moreover, HYDRO-PRES is less likely to cause side effects characteristic of rauwolfia, since the required dosage of reserpine is usually less when given in combination with HydroDIURIL than when given alone.)

HYDRO-PRES-25

25 mg. HydroDIURIL, 0.125 mg. reserpine.
One tablet one to four times a day.

HYDRO-PRES-50

50 mg. HydroDIURIL, 0.125 mg. reserpine.
One tablet one or two times a day.

HYDRO-PRES-Ka-50

also available:
50 mg. HydroDIURIL, 0.125 mg. reserpine, 572 mg. potassium chloride.
One tablet one or two times a day.

If the patient is receiving ganglion blocking drugs or hydralazine,
their dosage must be cut in half when HYDRO-PRES is added.

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

*HYDRO-PRES, HYDRO-PRES-Ka, AND HYDRODIURIL ARE TRADEMARKS OF MERCK & CO., INC.



Factual Clinical Data: Male, 45, with dislocated shoulder patient in great pain. Fifteen minutes after injection of Robaxin (mepivacaine HCl 10 mg) and Robaxin (mepivacaine HCl 10 mg) with lidocaine 1% the dislocation reduced on first attempt, and patient was able to move arm easily.

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**Relax painful
skeletal muscle spasm—
WITHIN MINUTES**

with **Robaxin**

Methocarbamol "Robins"

U.S. Pat. No. 2770649



Injectable

A "safe, convenient medication"^{1,2} for "immediate relaxation"³ of acute skeletal muscle spasm. Has "a high potential"⁴ for prompt relief, usually within minutes after administration.⁵

Maintain pain-free relaxation—WITHOUT DROWSINESS

with **Robaxin** TABLETS

Methocarbamol "Robins"

U.S. Pat. No. 2770649

For initial relief, or to maintain relaxation originally induced by ROBAXIN Injectable. Highly potent and long acting^{2,6}—and virtually free from causing drowsiness, or other adverse side effects.^{1,2,3,5} For one group of patients with low back disorders, ROBAXIN Tablets shortened hospital stay an average of 4.54 days per patient.²

NINE PUBLISHED STUDIES with 374 patients show ROBAXIN Injectable and ROBAXIN Tablets beneficial in 90% of cases.¹⁻⁹

Literature available to physicians on request.

SUPPLY: ROBAXIN Tablets, 0.5 Gm. (white, scored) in bottles of 50 and 500. ROBAXIN Injectable, each ampul containing 1.0 Gm. of methocarbamol in 10 cc. of sterile solution.

REFERENCES: 1. Carpenter, E. B.: Southern M. J. 51:627, 1958. 2. Forsyth, H. F.: J.A.M.A. 167:163, 1958. 3. Grisolia, A., and Thomson, J. E. M.: Clin. Orthopaedics 13:253, 1959. 4. Lewis, W. B.: California Med. 90:26, 1959. 5. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 6. Park, H. W.: J.A.M.A. 167:168, 1958. 7. Plumb, C. S.: Journal-Lancet 78:531, 1958. 8. Poppen, J. L., and Flanagan, M. E.: J.A.M.A. 171:298, 1959. 9. Schaubel, H. J.: Orthopedics 1:274, 1959.

A. H. ROBINS CO., INC., Richmond 20, Virginia

Making today's medicines with integrity . . . seeking tomorrow's with persistence

How a \$32,000-a-year medical am

Does a carefree attitude toward family finances necessarily spell trouble? Not if you're like Dr. George Green

By Clayton L. Scroggins

As a medical management consultant, I might be expected to view the case of Dr. George V. Green with something akin to horror. His practice and his income are less than half what they could be. He neither saves nor invests enough of what he does earn. He pays too much for too little life insurance. And when he should be setting money aside to replace a 3-year-old car, what does he do? He takes his wife and three kids to New York City on a \$1,400 binge that consists mostly of going to art galleries, concerts, and recitals. Naturally, I can't conscientious-

ly approve of all this. But I can view it with some tolerance simply because George V. Green has somehow mismanaged himself into being one of the happiest human beings I've ever known.

At 55, Dr. Green has an international reputation in his particular subspecialty of internal medicine. Because he gives much of his time to research, writing, and teaching, his income is relatively low. But that seldom bothers him. "Now and then, I wonder about it," he says. "Especially when I hear some of my colleagues talking

One of Dr. Green's investments—definitely not gilt-edged—takes form

One family lives

about what they've got: annuities, blue-chip stocks, cabin cruisers, swimming pools, God knows what. But we just don't seem to *need* those things." That "we" is a word Dr. Green uses a lot. It encompasses his wife Jeanette and their three teenagers: George Jr., 19; Peter, 17; and Doris, 16. Talk to any one of them and you hear the "we" used just as much as it's used by the doctor.

The family lives in a big, old-fashioned stone house in the oldest suburb of a large Midwestern city. Dr. Green paid \$40,000 for the house fifteen years ago. Improvements have raised its total cost to around \$55,000 as of today. The costliest single improvement, made six years ago, was the installation of hi-fi equipment in the spacious living

takes form of fine oriental prints.



Where the Greens' money goes

Total allocation	\$31,919
Federal income tax	\$8,067
Debt reduction, home mortgage	2,125
Life insurance premiums	2,342
Charitable contributions	1,825
Home upkeep (see page 73)	4,169
Home furnishings	384
Additions	112
Replacements	272
Family car	318
License and insurance	50
Fuel, lubrication, etc.	228
Repairs	40
General household expenses (see page 73)	4,587
Medical-dental	939
Health and accident insurance	834
Dental services	105
Vacation expenses	1,400
Christmas and anniversary gifts	345
School expenses	1,178
Tuition and fees	1,128
Music lessons	50
"Frivolities" (see page 74)	1,336
Personal allowances (see page 76)	1,860
Mutual fund investment	1,044
Net income before taxes	\$31,919

Budget for home upkeep

Local taxes	\$1,173
Insurance	151
Repairs and improvements	332
Maid's salary	1,820
Yard care	150
Heat	300
Electricity	198
Water	45
Total	<u>\$4,169</u>

Budget for general household expenses

Food	\$2,500
Clothing	1,221
Laundry and cleaning	210
Newspapers, books, magazines	242
Telephone	92
Sundries	322
Total	<u>\$4,587</u>

room, with each wall being made acoustically "right." It would have been cheaper to buy a swimming pool. But spend one evening with the Green family as they listen with rapt attention to Delius and Sibelius and Franck, and even the most tone-deaf onlooker would hesitate to label the improvement an extravagance.

Dr. Green has also been an enthusiastic collector of paintings, etchings, and prints for most of his adult life. His enthusiasm has been transmitted

to Mrs. Green and the children. One upstairs room of the house is called "The Gallery"; it's hung with art the rest of their home can't hold. There are no original Gauguins or Picassos in the Green collection. But the pictures in their home none the less represent a good-sized outlay over the years. Dr. Green vowed to spend no more than \$100 last year for art. And until the family's spring vacation in New York, he didn't spend a cent. Then: "We were just looking in this gallery on Madison

Budget for 'frivolities'

Eating out	\$ 132
Entertaining at home	349
Theatres, concerts, movies, etc.	183
Country-club membership	293
Art collection	379
Total.....	\$1,336

Window-shopping on New York's Fifth Avenue has at times turned out expensively for the Greens.

Avenue," he recounts sheepishly. "Well, there were these oriental prints we were all crazy about, so . . ." The cost of the prints—\$379—is noted on the accompanying table that shows the Greens' expenses for "frivolities." Yet when the whole family shows the prints to a mildly disapproving visitor, that visitor finds himself totally unable to point out that the prints *were* too expensive for the fam-

ily exchequer. How can he criticize while he's listening to their triumphant and excited comments on the delicate brush strokes, the nuances of color, the subtle technique?

To the doctor who nets \$10,000 to \$20,000 a year, it may seem preposterous that the Greens aren't saving or investing more than they are. After all, Dr. Green nets \$32,000 a year. And he has only one real

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investment: He started putting \$87 a month into a mutual fund eight years ago and has kept it up.

Just the same, a study of the Green's expenditures shows that the family can't really be said to be "living it up." In some respects—their children's education expenses, for example—they're spending much less than many physicians' families in similar circumstances.

Paying off the home mortgage accounted for \$2,125 last year and will continue to do so for the next four years. The \$80,000 ordinary life policy that Dr. Green carries costs him \$2,342 yearly. I'd call the coverage adequate, no more. Considering that his three children have most of their college education still ahead of them, he doesn't have anything like maximum family security. Yet at the doctor's

Budget for allowances

Dr. Green ... \$ 600
Mrs. Green .. 480
George Jr. 360
Peter 240
Doris 180
Total ... \$1,860

present age, there's little point in his converting to any other type of policy.

Should Dr. Green have considered term insurance fifteen or twenty years ago, with an eye to investing the money he saved on premiums? Of course he should have—in theory, anyway. Yet knowing his habit of disregarding any form of financial planning, I'd say that ordinary life insurance was—and is—his best bet.

The Greens' charitable con-

tributions of \$1,825 a year are generous in view of their spendable income. Any cut in this item would be no small blow to the city symphony orchestra, two little theatre groups, and the city art museum. "I guess we're one of the families they've come to count on regularly," says Jeanette Green.

The \$88 a week that the Greens' general household expenses amounted to last year is a little high. That's due mostly to one item: clothing. "I don't know when we've ever spent that much in a single year for clothes," says Jeanette Green, who handles the family finances. "But then, Doris and I don't get a crack at Fifth Avenue every year." So the family's vacation expense figure of \$1,400 is somewhat deceptive. It covers only hotel bills, transportation, food, and entertainment. Throw in around \$400 for the Fifth Avenue shops and \$379 for those oriental prints, and you'll get a clearer picture of what one

THE AUTHOR heads the professional management firm of Clayton L. Scroggins Associates, Cincinnati, Ohio, and is a member of the Society of Professional Business Consultants. This article is the fourth in a series on the spending habits of medical families in various income brackets. Identifying details have been changed, but all figures given are actual.

generous family outing can do to a yearly budget.

Considering that George Jr. ("Bud") is a college sophomore, the family's outlay for education is surprisingly low. Both Peter (a high school senior) and Doris (a junior) attend a suburban public school. Bud lives at home too, commuting to a high-standard private college in the city for his pre-med course. "We thought Bud would want to go away to college the way most kids do," says Dr. Green. "But he gave us a surprise. Said he'd be going away to medical school in time, and he'd rather take his pre-med here. Now Pete sounds as if he's going to do the same thing."

Seem odd that two boys who could go away to college should prefer to live at home and attend a local school? Perhaps. But the hi-fi, the art collection, and the family junkets to places like New York City and the Tanglewood Music Festival probably have something to do with it. Thus, the family entertainment isn't nearly so expensive as dollars and cents signs make it out to be.

Nor is Dr. Green completely unaware of his financial responsibilities. He knows he'll need a new car next year. He knows that expenses are going to rise when Pete and then Doris enter college. He knows he'll soon have to begin putting more money into retirement savings. He knows he ought to cut down on writing and teaching and spend more time on his practice. But knowing all these things doesn't seem to worry him unduly. "Things will work out," he tells me. "We always manage to get by."

It should pain me more than it does to have to agree with him. The Greens do always seem to get by—and then some. END



Your fees

Let's have a fairer deal for the referring family doctor!



It's unethical for the surgeon and the referring man to send a combined bill. But, says this New Jersey internist, double billing calls for considerate handling

By Irving M. Levitas, M.D.

The other day, I asked a G.P.-friend why I hardly ever see him around the hospital any more.

He smiled grimly. "I've quit assisting at surgery and giving postoperative care," he explained. "Once I've referred a patient to a surgeon, I step out of the picture."

"Why?" I asked.

"Because I'm sick and tired of groveling for my fee!" he snap-

ped. "The surgeon is the star of the show; his bill is never questioned. But just let me send a \$50 statement for the pre- and post-operative care I've given him, and the patient considers me a robber!"

My colleague's resentment is understandable. For he and thousands of other physicians now face this dilemma: If they send a patient a single bill cover-



Surgeon Russel B. Grant tells a patient why both he and the referring man will bill for a share of the total charge. Surgeons may thus ease the referring man's collection problems.

ing both the surgeon's and the family physician's fees, both doctors are technically guilty of fee splitting.*

On the other hand, if they stick to the latest Principles of Medical Ethics and submit separate statements, the patient often resents the family physician's bill because he doesn't understand the reason for it. And he's likely to wind up paying more than he would have paid

under the old single-billing system. The reason: The surgeon usually charges at least as much as he did when he was sharing fees with his colleague.

Some years ago, you'll recall, an accepted procedure in many places was this: When the family doctor participated medically in a case, he suggested to the surgeon a total fee that he knew the patient could afford. The referring man then explained to the patient that his fee was included in the surgeon's bill. And the surgeon turned over a pre-arranged share of the payment to his colleague.

Many practitioners regarded

*According to a 1954 ruling of the A.M.A.'s Judicial Council, there are two exceptions to this general rule: when the patient requests a single bill, and when an insurance company demands one. The Council has emphasized, though, that such instances are to be recognized as exceptional and not routine.

...Your fees

such fee division as entirely ethical because it was done with the patient's knowledge. Then the American College of Surgeons and the lay press began to yell "fee splitting." And in 1952, the A.M.A.'s Judicial Council prescribed separate billing as an antidote.

I'd say it has proved to be an antidote with unfortunate side effects. Separate billing tends to upset the relationship between

the referring doctor and his patient.

The patient reasons that although his own doctor may have been present at the operation as an assistant, it was the surgeon who did the real work, and the latter man's bill should cover everything. In his indignation over the referring man's statement, the patient may overlook that doctor's role in diagnosing the case and in taking

RUSSEL B. GRANT, M. D.
47 PROSPECT AVENUE
HACKENSACK, N. J.
DIAMOND 2-2314

Mrs. Vincent B. Anderson
509 Juniper Rd.
Eastwood, N.J.

FOR PROFESSIONAL SERVICES:
June, 1960 Surgery - - - - - \$200.00

Dr. Jones will render a separate statement
for his services.

RECEIVED PAYMENT

Some surgeons, like Dr. Crant, remind the patient on their bills that a separate statement will be forthcoming from the referring family physician.

care of his *medical* needs post-operatively. Too often, he feels that his family physician is asking an overblown fee for merely stopping by the hospital a few times to say hello.

I realize we can't turn back the clock. Apparently double billing is here to stay. But what we *can* do is make the method fairer to the referring doctor by making the patient keenly aware of the family physician's rightful status.

How can we do this? First of all, I feel, more surgeons should become aware of their moral responsibility toward the referring man. It's in their own interest to do so, if they want a steady flow of referrals. And it's a matter of simple justice. After all, the family doctor must often "sell" the surgeon to the patient, must sometimes bear much of the blame if the surgery doesn't go well, and must attend the patient in the hospital, serve in consultations, be available for emergencies, and advise the family on postoperative home care.

Of course, the referring doctor himself should see to it that

the patient is aware of these extensive services. He should point out to the patient that there'll be a separate bill submitted for such services. And he should give the patient a fair estimate of the amount that each doctor will charge.

Under most insurance plans, there's no payment for the participating physician. If the patient's policy provides none, the doctor should make sure that the patient understands this from the start. Otherwise, there will almost certainly be trouble later on.

But there will be *less* trouble in any event if the surgeon does his part in explaining to the patient about the separate bills. Some surgeons I know actually add a reminder to their own bills. Typewritten across the bottom, whenever applicable, is a sentence to the effect that the patient will receive a separate statement from his family doctor.

If such sensible policies were widely instituted, fewer physicians would feel that separate billing is worse than the evil it's supposed to cure.

END

You're never your own boss in a closed panel

No matter how generous the financial terms, the man who signs the checks has the last word, this court fight proves

By John R. Lindsey

There was something to be said on both sides. But the newspapers headlined what Henry J. Kaiser was saying:

'I WON'T PAY DOCTORS \$60,000 EACH,' ANGRY KAISER DECLARES

The doctors he referred to—five local medical leaders—had been running the medical care program of one of the Kaiser Foundation health plans. Now they were being evicted from a Kaiser hospital. And they had some angry declarations of their own to make about Kaiser's "cement-factory tactics." Their attorney also had a lot to say about lay control of their practices.

Both sides are worth listening to. Their court dispute sheds new light on doctors' relations with lay-sponsored health plans. And it helps to pin down the

Industrialist Henry J. Kaiser (above right) showed that he was boss in a court dispute with five Honolulu physicians who were evicted from a Kaiser plan hospital (see model in photo). From left to right: Drs. Richard S. Dodge, Richard C. Durant, Walter B. Herter, Homer M. Izumi, and Samuel L. Yee.



...Your profession

sometimes hard-to-pin-down lesson that no matter how liberal the financial terms of a contract with such a plan, the doctor who signs the contract is not wholly his own master. When the chips are down, he's got to give in or get out.

This latest case in point took two years to build to a climax. When the Kaiser plan started operations in Hawaii late in 1958, it sought the services of

well-established physicians who had the respect of the local medical community. To get them, the Kaiser plan was willing to pay well—very well, indeed. And as in California and Oregon, the plan was willing to engage what Kaiser himself has described as an "independent partnership of doctors to provide and manage medical care under contracts with the health plan."

The partnership that Kaiser



"By the way, Doctor, did the Medical Journal print your letter to the editor?"

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succeeded in signing up comprised some of the most prominent medical names in Honolulu: Drs. Homer M. Izumi, W. B. Herter, Richard C. Durant, Richard S. Dodge, and Samuel L. Yee. Two of them are former presidents of the county medical society. Two once served as alternate delegates to the A.M.A. And one, Dr. Izumi, was formerly Hawaii's delegate to the A.M.A. They signed up on favorable financial terms, according to affidavits later introduced in court.

A certified public accountant for the Kaiser plan reported that in 1959—their first full year in command—the five partners had received net incomes of \$45,333.88 each. (The breakdown: \$24,000 in salary plus \$21,333.88 in fees from non-plan-member patients treated at the Kaiser hospital.) Kaiser himself added that "the five partners had received net personal incomes . . . in the first seven months of 1960 at the rate of about \$50,000 per year for each partner."

Supporting these assertions was an affidavit filed in court by

Robert Jack, acting regional manager of the Kaiser Foundation hospitals. It said that the per capita price specified in the contract between the Kaiser plan and the five-doctor partnership had been \$1.35 per member per month. This produced an annual total of some \$650,000 paid to the partnership for professional services. Out of this, the five partners had to pay some thirty to forty M.D.s under contract to the partnership. But they didn't have to pay any office expenses, said Kaiser, "because the health plan . . . has borne all expenses for the doctors' offices and examining rooms, their nurses and receptionists, supplies, parking facilities, patient-record-keeping, phone, and miscellaneous services." The plan even paid for the billing of the private patients whom the partners were permitted to treat in Kaiser Foundation facilities.

This meant the five partners were sitting pretty; as Kaiser put it: "The rule of thumb in medical economics is that expenses of doctors in solo practice eat up 50 per cent of fees

...Your profession

received from patients. Hence the \$50,000-a-year rate [i.e., each partner's estimated net for 1960] could be equivalent to . . . a gross of \$100,000 a year in solo practice."*

Why, then, didn't these arrangements work out? Although each side has a different explanation, one thing is indisputable: The breakdown came over money.

The partnership had a five-year contract with the Kaiser plan. But the contract could be canceled by either side if agreement could not be reached on points in dispute. By the beginning of 1960, there were plenty of points in dispute. And for months the negotiations dragged on.

The five partners say negotiations centered on (1) a demand by Kaiser that the partnership accept a substantial reduction in income; and (2) a request by

*Kaiser's estimates for overhead in solo practice are a little high. According to MEDICAL ECONOMICS' Continuing Survey, the typical doctor's expenses last year amounted to 36 per cent of his gross from nonsalaried practice. Expense ratios on the West Coast, however, were generally higher than for the country as a whole, ranging from 41 to 48 per cent in the various specialties.

the partnership for salary increases for the other doctors under contract to the partnership. Other subjects for negotiation included retirement benefits for all doctors on the staff, educational trips for refresher courses, and establishment of a fund for research. "All of these items," the partners said, "had been promised by the Kaiser health plan from the beginning of the contract but had never been delivered."

The Kaiser plan says the breakdown in negotiations came when the partners pressed for an increase in the amount paid to the partnership from \$1.35 to \$2.22 per member per month. "If Mr. Kaiser needs to borrow another \$500,000, let him do it and pay us what we want," one of the partners was alleged to have said. (The partner promptly denied it.) A bit later, the partnership reportedly lowered its asking price to \$1.85 per member per month. At that point, according to Robert Jack's affidavit, Dr. Durant, medical director for the partnership, pounded the table and declared: "By God, this is our

final offer, and you will meet it or else!" (This allegation, too, was later denied.)

Whatever actually caused it, the final breakdown in negotiations came late last August. From then on, events moved swiftly. The partners' attorney asserted that their medical supervisory functions were being taken over by a lay-directed group rather than by state-licensed doctors. Their attorney added: "They [the five partners] have not permitted and will not permit a hospital under their medical control and supervision to be operated as some might operate a cement factory."

Kaiser plan officials promptly declared the contract void and ordered the five partners to get out of the Kaiser hospital and clinics. And, says Kaiser, the remaining thirty-one doctors "reorganized" and formed a new Hawaii Permanente Medical Group "to take charge of providing medical care."

The partners fought back. They got a restraining order to prevent the Kaiser Foundation Health Plan and Hospitals from interfering with their practice

of medicine at the hospital and clinics. But the order was only temporary, and the partners couldn't make it stick. Reluctantly, they agreed to transfer their supervisory duties to the newly formed Hawaii Permanente Medical Group. They agreed not to treat any more Kaiser plan patients, if Kaiser would give them time to transfer their private practice from the hospital and clinics to another location. Finally, the partners agreed on a date for vacating their offices.

In short, Kaiser won. Despite the generous terms of their initial contract, the doctors were out. They were out because the contract made someone else the boss. But it took two years for them to realize it. END





'MY BIGGEST TAX MISTAKE'

*These reports from 746 physicians spotlight
the commonest errors on Federal returns and
warn you what to watch out for*

By M. J. Goldberg

Your taxes

Where do physicians tend to go astray on their Federal income tax returns? Where do they claim too much, where too little? MEDICAL ECONOMICS' Continuing Survey has turned up some new answers, and they may well save you time, money, or effort. After all, if you're typical, you've got nearly \$5,000 riding on the accuracy and completeness of your return. When the stakes are that high, any mistakes cost you plenty.

Among 746 reporting physicians, the commonest mistake had to do with tax advisers. One physician in every four says he went wrong by not hiring a qualified adviser or by putting his faith in an unqualified man. In particular, many of the doctors regret that they didn't engage a good accountant, attorney, or other tax adviser just as soon as they began practice.

"I tried to go it alone at first," a New Yorker comments. "I wasted a lot of time, and eventually I was called in by the Revenue Service to answer for a flock of trivial errors."

A majority of the reporting doctors have apparently learned

this lesson. They now employ someone to help them with their returns. But this can be a mistake, too, if that someone isn't good enough. Some representative comments from physicians who got burned:

¶ "The fellow I hired failed to report the part-time salary I earned. I spotted the mistake after the return had been filed, so I wrote the I.R.S. a letter about it. A T-man then visited my office for a week and surveyed everything—to the tune of a \$2,000 extra tax bill."

¶ "My accountant forgot completely about listing my tax-deductible entertainment expenses. I didn't want to risk an audit by filing an amended return, so I just lost the money."

¶ "If you can believe it, this great brain I hired listed my church contributions under 'advertising.' "

Because of such poor experiences, some doctors have gone back to doing the job themselves. ("There's only one person interested in doing the job right, and that's me," comments a Missouri urologist. "No one knows or cares as much about my busi-

Where 746 doctors went wrong on their taxes

Didn't have good tax adviser	24%
Missed legitimate deductions	18
Kept poor records	11
Deducted too much	8
Made mistakes in estimating income	5
Handled investment income wrong	4
Made arithmetical mistakes	4
Other errors	26

Source: MEDICAL ECONOMICS' Continuing Survey, 1960.

ness as I do.") But more doctors have kept searching and finally found good advisers.

Even if you have a good adviser, of course, you're responsible for everything on your tax return. You're even more responsible for omissions. Here we come to the second most fre-

quent mistake: forgetting to list legitimate deductions. About 18 per cent of the reporting doctors say their biggest mistake has been to overpay their taxes for this reason. They forgot they could deduct such items as sales taxes, state income taxes, investment counsel fees, and personal medical expenses.

Some men didn't forget legitimate deductions. They deliberately avoided claiming them in order not to call attention to their returns. "If there's any doubt in my mind," says an Indiana G.P., "I settle it in favor of the Government. Why take a chance on an audit?"

Entertainment deductions, in particular, were avoided by some physicians. Several others say that they took the standard deduction instead of itemizing, just to be on the safe side. But being a tax mouse is recognized as a mistake by most of the physicians who mention it. A Wisconsin neurologist puts it this way: "I was afraid to deduct anything unusual for fear of being checked. Now that I'm being audited anyway for a perfectly legitimate deduction, I wish I

had taken some of the rare ones."

Of course, some physicians erred in the other direction by taking illegal deductions. Some 8 per cent of the respondents concede that they've claimed deductions which—in the eyes of the I.R.S., at least—haven't been justifiable. The usual reason: simple ignorance of the law. For example, doctors report claiming deductions for stock brokerage fees, life insur-

ance premiums, and losses on the sale of personal property—all ruled out by the statutes.

Many of these doctors have been tripped up by the depreciation rules—and understandably so, considering how they've changed. Their mistakes include deducting in full for office equipment that should have been depreciated, writing off equipment too rapidly, and using an improper method of depreciation. One physician even claimed de-



...Your taxes

preciation for a rented office.

Other doctors have deducted too much for professional entertainment—and have brought T-men running as a direct result. "I made the mistake of deducting the entire cost of my lake house for professional entertainment," a Texas G.P. says. "That touched off a three-year series of investigations." An Oregon OB/gyn. man claimed a \$400 deduction for country club expenses. At his audit, the T-men also spotted a \$3,000 depreciation claim for a yacht. Both deductions were denied.

Third commonest tax mistake: faulty record-keeping. Some 11 per cent of the reporting doctors cite it. And many of them have been in trouble with T-men because of it. "I'm sure my convention expenses were more than I listed, but I didn't have all my receipts," says a New York internist. Of his claim, \$300 was disallowed for lack of proof. For the same reason, a New York G.P. lost \$100 of his claim for gasoline. And a Washington State G.P. lost \$1,800 in disallowed car deductions.

Farther down the list of tax mistakes is mishandling of the declaration of estimated income and of the required quarterly payments. Some 5 per cent of the reporting doctors tell of under- or over-estimating income, failing to file a declaration at all, or failing to pay one or more quarterly installments. When they discovered their mistakes, most of these physicians simply claimed their refund or paid the additional tax. But a few have had to pay penalties for their errors.

Still further down the list, some 4 per cent of the physicians say their biggest tax mistake lay in the way they handled their investments. Either they failed to take advantage of tax-sheltered investments, or they forgot to think of taxes before buying and selling their securities. For example, a Pennsylvania internist forgot about taxes on his Series E Savings Bonds. Instead of declaring the interest year by year, he waited until he cashed the bonds in, as he had a right to do. But then he had to pay a tax on all the interest earned by the bonds

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over their entire life. "That hit hard," he says.

Another 4 per cent of the physicians have made no greater tax mistake than bad addition or subtraction. But that's been bad enough. "If I had used an adding machine, I never would have been checked," an Ohio radiologist reports ruefully. The high cost of his bad addition: \$2,000.

Reports an Iowa pediatrician, "I made a \$1,000 mistake in the Government's favor. The I.R.S. caught it and arranged to give me a refund. But first they audited my returns for the two previous years. I had to pay the Government an extra \$57."

Other mistakes made by doctors on their tax returns? Here are a few one-of-a-kind reports:

¶ A Michigan G.P. forgot to sign his return and was audited as a result.

¶ A Minnesota orthopedist had the idea that taxes were waived during the four years he was in the service. When he got back, he had to pay up four years' taxes in a big hurry.

¶ The aide of a Missouri OB/gyn. man forgot to record a \$50 payment from a patient. "All hell broke loose," the physician recalls. "The woman turned out to be the wife of an Internal Revenue agent."

END

Slow passage

A large woman came to me complaining of pain in her left ear. When I removed about a dozen small seeds, she seemed not in the least surprised. "My husband raises pigeons," she explained. "And when we was havin' an argument, he bust a bag of seed against my head." Six months later, she reappeared at my office holding a pigeon seed that had just dropped out of her right ear. "Doc," she inquired, "ain't six months a long time for this seed to take to pass through?"

—RICHARD I. KALMAN, D.O.



Paul Hawley: the man who raised his voice

By Lois R. Chevalier

One winter day in 1953 in Washington, D.C., Dr. Paul R. Hawley sat down with an assistant editor of U.S. News & World Report. They talked about fee splitting, ghost surgery, unnecessary surgery, and surgical fees. Under the impression he was simply filling in the background for a writer unfamiliar with a specialized subject, Dr. Hawley spoke candidly. When the conversation was reported word for word in an eight-page

Your associates

This month Dr. Hawley steps down from his post as Director of the American College of Surgeons. At the height of his stormy career, threatened with official censure for speaking out on fee splitting, ghost surgery, and unnecessary operations, Hawley declared, 'I will continue to raise my voice!' Was he justified? Is it ever right to air medicine's sins in public?

cover story, Hawley was as startled as the rest of the profession.

"They didn't misquote me," he says. "But I hadn't realized they were going to print the interview verbatim. They did send my office a transcript, but I was out of the country. When I got off the boat in New York, suddenly I was famous."

Capitalizing on the publicity, Director Hawley and the American College of Surgeons em-

barked on one of the most controversial campaigns in modern medicine. Launched more or less by accident, it soon developed purpose. It was a campaign to expose and eradicate all the possible abuses that might exist in surgical practice and in the relations between referring physicians and surgeons. It employed an M.D.-investigator to follow up tips on unethical physicians, as well as a popular magazine writer who served as its press relations officer. At one point, it threatened the entire Iowa membership of the College of Surgeons with expulsion. The campaign made national headlines for a little over two years and aroused the ire of more doctors than anything that's happened since Oscar Ewing was promoting compulsory health insurance.

In retrospect, what was the net result of Hawley's incendiary career? What did he accomplish by taking a professional

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Typical Hawley statements that aroused the medical world

"I wouldn't allow anybody to go into my belly who was not a member of the American College of Surgeons or a diplomate of the American Board of Surgery."

"Too many doctors think that [hospitals are] workshops provided by Divine Providence for them to practice in."

"In medical care, more than in any other vocation, the love of money is the root of all evil. Perhaps because the financial rewards are greater, the temptation is stronger."

"The sin that is killing the practice of medicine—in all its specialties—is greed."

"Today one-half of the surgical operations in the United States are performed by doctors who are untrained, or inadequately trained, to undertake surgery."

Paul H.

problem to the public? Did the ends justify the means? Now that Paul Hawley is retiring to live quietly in a small house on Chesapeake Bay, it's an ideal time to examine these questions.

First of all, in all fairness it must be said that Hawley had the backing of the A.C.S. all the way through. The Board of Regents, recognizing the prob-

lem of unethical practices in surgery, had already resolved to clean up. But the Board didn't choose the method of attack; in a sense, U.S. News & World Report made that choice.

"I'll never forget the meeting of the Governors of the New England area that took place right after the U.S. News article," says Dr. Hawley. "Frank



Paul Hawley in the opulent Chicago office of the College of Surgeons.

Lahey opened the meeting by saying he thought the article was a fine thing. 'It should have all come out long ago,' he said. 'Has anybody got anything to say?' And nobody said anything. He stopped the criticism."

Dr. Lahey may have stopped it in the New England Board of Governors, but he didn't stop it

elsewhere. By the time the A.M.A.'s June meeting rolled around, eleven resolutions reprobating Hawley and/or the A.C.S. Board were ready to be introduced. The language was as colorful and outraged as any ever heard on the floor of the A.M.A. House of Delegates. Hawley's published interview contained "misstatements, dis-

...Your associates

tortions of fact, unfounded and uncorroborated charges . . . individual and collective self-laudation of grandiose proportions and scurrilous and derogatory remarks." Furthermore, the A.C.S. had "attempted to arrogate unto itself vast powers which it does not possess and has held itself out as the paladin of medical virtue."

The resolutions included motions to censure not only Paul Hawley but also Dr. Evarts Graham, then chairman of the A.C.S. Board. "Is it the intent here to abridge free speech?" an indignant Hawley asked in the reference committee hearing. "Is no one to speak up against evil unless he first is approved by organized medicine? I will continue to raise my voice! Doctors are citizens as well as doctors. Their responsibility to the public transcends their loyalty to the medical profession."

A skillful committee chairman, Dr. George S. Klump of Williamsport, Pa., prevented the official censuring of Hawley. While the A.M.A. didn't go on record as ruling against free

speech, a number of journalists did get the idea that Paul Hawley was the public's friend, perhaps the public's *only* friend, on the dark and bloody ground of the nation's operating rooms. From then on, scarcely a month went by that Hawley didn't appear in the public press, denouncing fee splitting, casting aspersions on "poorly trained" surgeons, making alarming statements about unnecessary surgery. Doctors all over the country took to skimming the popular magazines to see if they were safe to put out in reception rooms.

The A.C.S. Board of Regents continued to back their man, though with how much trepidation only they can tell. Dr. I. S. Ravdin, the current president of the A.C.S., puts it this way: "He has been subjected to abuse for what he has said about many undesirable practices. He has had the strong support of the Board of Regents, but even they have wavered from time to time." In 1955, the College officially called off its publicity drive because, as Hawley said, the conscience of the medical

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profession had been sufficiently aroused. And through his remaining five years as Director of the College, he has been making the headlines only sporadically.

What, exactly, did Hawley accomplish? Among his more concrete achievements:

* He presided over the expulsion from the College of thirty Fellows whose ethics were deemed questionable.

* He fostered the adoption in several areas of the so-called Columbus Plan for auditing surgeons' books.

* He stimulated the activities of the Internal Revenue Service in the twenty-three states where fee splitting is illegal (and a split fee therefore nondeductible).

* He drew public attention to the sins of medicine in such fashion that doctor-baiting articles seem to have become standard circulation-builders in the public press.

Most doctors who questioned the propriety of Hawley's accomplishments focused on the final one. And on that score, he remained unyielding. Said Haw-

ley: "The expediency of informing the public that some doctors practice unethically has been seriously challenged. We believe that the public has the right to this information and that little improvement may be expected without their help."

There *has* been improvement. Most critics concede that there's less fee splitting now than in the early 1950s. Some notoriously bad areas, such as Chicago, Detroit, Columbus (Ohio), and Salt Lake City, are reportedly improved. The question is: Did Hawley's campaign achieve the improvement?

If you can answer that one, then you may also have the answer to a more fundamental question: Should a doctor ever break ranks and take a professional problem direct to the public?

Here, many doctors feel, Hawley did more harm than good. "All he did was lower the prestige of the profession," says a former president of the American Academy of General Practice. "If you're going to take medicine's problems to the public, you should go to the legis-

...Your associates

lators. They're the representatives of the public at the point of action. Ballyhoo in the magazines can do nothing but reduce patients' confidence in their own physicians." Or, as one A.C.S. member succinctly put it: "The cure shouldn't be worse than the disease."

Other thoughtful observers in the profession believe that all the fuss and furor was unnecessary, that ethical improvements would have come about anyway without Dr. Hawley's publicity techniques.

"The income tax laws have fixed things so that it isn't profitable to be unethical," says one A.C.S. member who is also high in A.M.A. circles. "The decline of fee splitting was therefore inevitable. Nobody's got any more morals now than they had before Dr. Hawley began his campaign."

Adds Dr. J. Lafe Ludwig, chairman of the A.M.A. Council on Medical Service: "There used to be some ghost surgery in some of our Los Angeles hospitals. Now there doesn't seem to be much. But the credit doesn't go to Paul Hawley. It

goes to the Joint Commission on Accreditation of Hospitals."

In contrast to these wholly critical views, a number of astute medical leaders concede that Hawley's going *outside* the profession may have helped to get things done *inside* the profession. Dr. Stanley Truman of Oakland, Calif., who headed the A.M.A.'s committee on medical practices, says: "Perhaps the A.M.A. wouldn't have taken any action on fee splitting if Paul Hawley hadn't been needling. I didn't like Hawley's methods. There's too much risk of tarring good men along with the bad when you use such a wide brush. But if Hawley's action stimulated the A.M.A., we have to give him credit for that."

Dr. James Z. Appel of Lancaster, Pa., an A.M.A. trustee, also concedes Hawley's value as a catalyst. "I'm not sure," says Dr. Appel, "that before Hawley's public campaign there was enough effort put forth by the profession. Washing the linen in public stimulated the corrective efforts."

We'll never know what would have happened if Hawley had

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Each tablet contains: Plaquinil 60 mg.
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REFERENCES:

1. Scherbel, A. L.; Schuchter, S. I., and Harrison, J. W.: *Cleveland Clin. Quart.*, 24:98, April, 1957.
2. Waine, Hans: *Arthritis, rheumatoid, in Conn, H. F.: Current Therapy 1959*, Philadelphia, W. B. Saunders Co., 1959, p. 565.

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*Planolar, trademark



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from major toxic effects is
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of tranquilizing action
— divorced from such
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emetic action.

"The most striking aspect of thioridazine [MELLARIL] therapy is the poverty of side-effects."

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...Your associates

not talked to the U.S. News editor. But when he did talk, he was still a medical man speaking up, not a Congressional investigator or a Grand Jury. As a result, the implication for a curious public was that medicine was cleaning house. It may also be true that more of medicine's corners and closets were scoured once Hawley turned on the flood-lights. There's that much to be said in his favor.

Balancing this—and perhaps

overbalancing it—is one sobering fact: A public that doesn't trust the medical profession is going to be a lot sicker than a public with faith and confidence in its physicians.

As to which way the scales swing, Paul Hawley himself has some doubts. His parting comment to MEDICAL ECONOMICS' reporter: "Don't leave thinking I'm entirely sure. I've been worried many times about the propriety of things I've said." END



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17 years of
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1. Gould, W. L.: Impotence, M. Times 84:302 Mar. '58
2. Milhoan, A. W.: Tri-State M. Jour. Apr. '58
3. Robinson, H. R., Gonadal Stimulation for impotence Med. Record & Annals Apr. 1960.
4. Strosberg, I.: N. Y. State Jour. of Med. Mar. '53

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Cosa-Terrabon® provides oxytetracycline (Terramycin®) with glucosamine for enhanced absorption. Because Cosa-Terrabon is preconstituted, stable, and unusually well accepted by children, waste of medication is largely avoided.

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ADMINISTRATION AND DOSAGE: For infants and children, 10 to 20 mg. of Terramycin per pound of body weight daily, in divided doses, is usually effective.

wt. lbs.	daily dosage (10 mg./lb.)	practical daily dosage	
		Oral Suspension 125 mg./tsp.	Pediatric Drops 5 mg./drop
10	100 mg.	—	5 gtt. q.i.d.
20	200 mg.	½ tsp. q.i.d.	10 gtt. q.i.d.
30	300 mg.	½ tsp. t.i.d. and 1 tsp. h.s.	15 gtt. q.i.d.
40-50	400-500 mg.	1 tsp. q.i.d.	—
60	600 mg.	1 tsp. t.i.d. and 2 tsp. h.s.	—

SIDE EFFECTS AND PRECAUTIONS: Antibiotics may allow overgrowth of non-susceptible organisms—particularly monilia and resistant staphylococci. If this occurs, discontinue medication and institute indicated supportive therapy and treatment with other appropriate antibiotics. Aluminum hydroxide gel has been shown to decrease antibiotic absorption and is therefore contraindicated. Glossitis and allergic reactions are rare. There are no known contraindications to glucosamine.

SUPPLIED: Cosa-Terrabon Oral Suspension—125 mg. per 5 cc. teaspoonful, bottles of 2 oz. and 1 pint; and Cosa-Terrabon Pediatric Drops—5 mg. per drop (100 mg. per cc.), 10 cc. bottle with calibrated plastic dropper. Terramycin is also available as Cosa-Terramycin® Capsules, 250 mg. and 125 mg.; and as Terramycin Intramuscular Solution, conveniently preconstituted, in the new 10 cc. multi-dose vial, 50 mg. per cc., and in 2 cc. prescored glass ampules, containing 100 mg. or 250 mg., packages of 5 and 100. In addition a variety of other systemic and local dosage forms are available to meet specific therapeutic requirements.

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Chas. Pfizer & Co., Inc. Brooklyn 6, New York

...Your associates

A.M.A. committee thanks you for not appearing

For years, you've been exhorted to take a greater hand in A.M.A. affairs. But the greatest hand at the A.M.A.'s recent midwinter meeting went to a doctor who dared to suggest that his committee's affairs weren't worth your attention. Here's the entire report of Dr. George D. Johnson, chairman of the Reference Committee on Sections and Section Work:

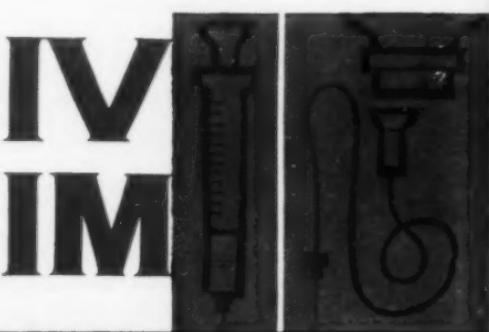
"Mr. Speaker and members of the House of Delegates: The committee met. There was no business to transact. We wish to thank all those who did not appear. The committee felt that it was a most successful meeting and, having no business to attend to, promptly adjourned. Mr. Speaker, I move the adoption of the report as a whole."

Dr. Johnson's motion was quickly carried—with acclamation.

END

Intravenous, vials,
100 mg. (with 250 mg. Vit. C),
250 mg. (with 625 mg. Vit. C),
500 mg. (with 1250 mg. Vit. C).

Intramuscular, vials,
100 mg. (with 250 mg. Vit. C),
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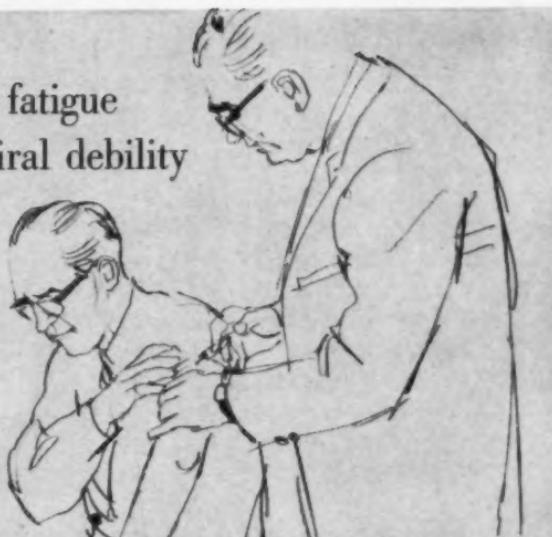
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in chronic fatigue
and post-viral debility



Durabolin

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once every 7-14 days provides
safer, sustained anabolic revitalization

anabolic steroid	anabolic /androgenic	duration
Testosterone propionate (i.m.)		3-4 days
Fluoxymesterone (oral)		1 day
Methyltestosterone (oral)		1 day
Norethandrolone (oral)		1 day
Durabolin (i.m.)		7-10 days

Chart adapted from Craig, P.: J. Okla. St. M.A. (June) 1960.

Green bar represents anabolic potency;
gray bar shows relative androgenicity

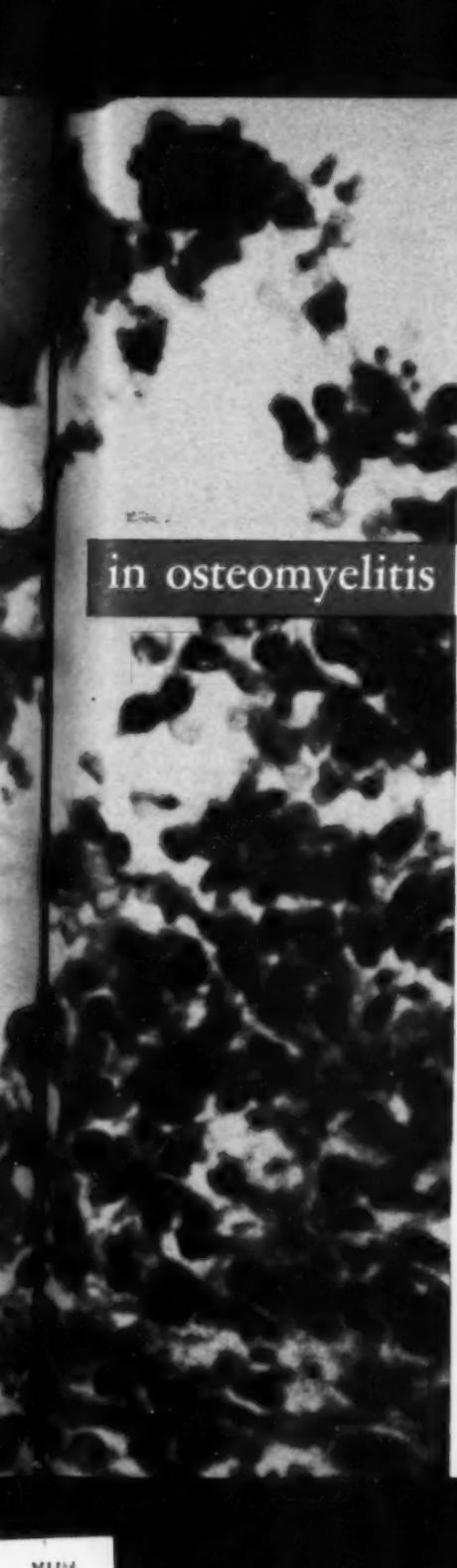
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and purulent exudate





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in osteomyelitis

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Supplied: Capsules, each containing Panmycin* Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 16 and 100.

*Trademark, Reg. U. S. Pat. Off.

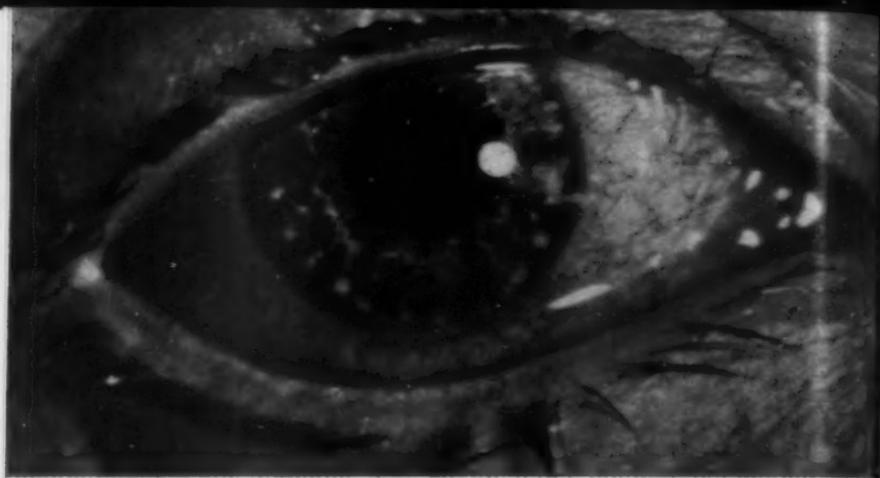
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acute conjunctivitis before treatment

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INDICATIONS: Trauma—mechanical, chemical or thermal; inflammation of the conjunctiva, cornea, or uveal tract involving the anterior segment; allergy; blepharitis.

CAUTION: Steroid therapy should never be employed in the presence of tuberculosis or herpes simplex.

NeoDECADRON is also available as the ophthalmic ointment (.05%). Ointment and solution are available with dexamethasone 21-phosphate alone: DECADRON® Phosphate Ophthalmic Solution and DECADRON Phosphate Ophthalmic Ointment.

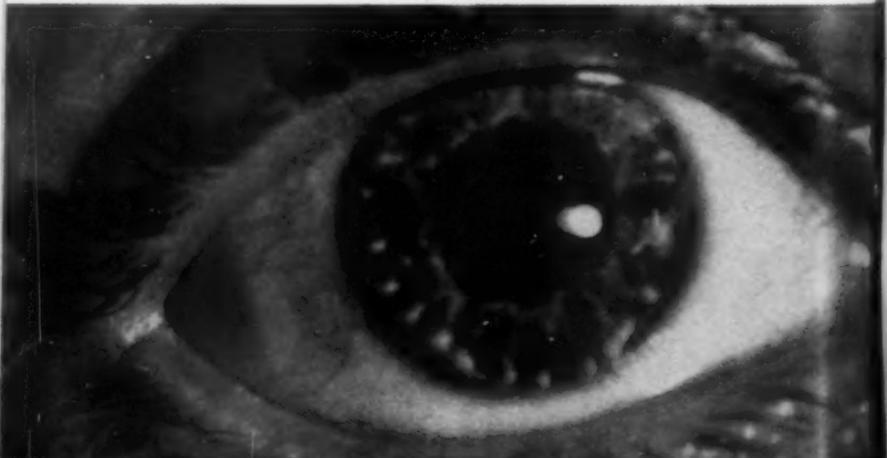
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Financial briefs

Medical Economics, January 30, 1961

TWO BONANZA STOCKS that more than doubled last year are still going strong: Brunswick and Crowell-Collier. Four others that also doubled in 1960—Chock Full O' Nuts, Decca Records, Lionel, and NAFI—have faded from their year-end prices.

WILL YOUR FIRE INSURANCE PAY what you need if your home burns? Probably not—unless you have a full-replacement-cost policy, available in all states at a higher price. A New York surgeon, with replacement cost in mind, insured his house for \$320,000. But when fire completely destroyed it, his insurance companies offered to pay only the market value: \$135,000. He's still fighting for a better settlement.

A KINTNER-TYPE PENSION PLAN is now within your reach if you practice in one of the 12 states that don't follow the Uniform Partnership Act. So say tax experts who've studied the new I.R.S. regulations covering such tax-favored group plans. They're apparently banned in the other 38 states—but not beyond all hope.

IF YOU'VE NEVER BEEN CHALLENGED by T-men, your luck may not hold much longer. A survey by this magazine reveals that 43 per cent of all self-employed M.D.s have had one or more of their Federal income tax returns questioned. The most frequently disputed items: car expenses,

...Financial briefs

depreciation deductions, entertainment and travel costs, unreported income, contributions.

NOW IT'S EASIER TO DEDUCT state sales taxes on your Federal income tax return. The I.R.S. has put out new guidelines for taxpayers in 34 states and D.C. The charts show maximum amounts you can deduct for state sales taxes at various income levels without substantiating your claim. For example, a Connecticut M.D. with a taxable income of \$19,500 can thus deduct up to \$175.

YOUR BEST BUY IN A SMALL CAR right now is a low-priced foreign model, rather than an American compact. Prices of many foreign cars are being cut in an effort to bolster sagging sales. Thus you can buy a small imported sedan for \$400 to \$600 less than you'd pay for a U.S. compact.

IF YOUR TAX CONSULTANT ERRS by advising you that an item is deductible when it isn't, you're still liable for the tax due. But you can't be held criminally responsible, provided you didn't know the consultant was wrong, says outgoing Revenue Commissioner Dana Latham.

INFLATION COST YOU \$515 last year if your earnings were typical for a U.S. physician. And Government economists predict that 1961 price rises will almost equal last year's.

*for the special
laxative needs
of pregnancy*

By softening the stool and gently increasing peristalsis, AGORAL safely overcomes the mechanical interference with normal evacuation.

Because AGORAL exerts no action on uterine musculature, it is safe to use during the entire pregnancy. And, patients find its pleasant marshmallow flavor highly acceptable even during long-term usage.

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300 mg.
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in long-term administration, as in Arthritis,
when aspirin combined with an antacid is desired:

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the aspirin buffered with the best

To prevent or minimize gastric distress which often accompanies prolonged or high level administration of acetylsalicylic acid, ASCRIPтин provides aspirin in combination with MAALOX®, the preferred professional antacid. The recognized superiority of MAALOX makes ASCRIPтин a superior aspirin-antacid, with the virtues of buffered aspirin and with the added distinction of being promoted professionally only.

Indicated wherever salicylates are useful, ASCRIPтин is particularly suited to the long-term requirements of your arthritic patients.

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Your liability

'Heroic' treatment can get you in trouble

If you think you're safe from suit as long as you do everything possible for patients, better think twice. A California physician was recently sued not for being negligent, but for having tried too much. The story:

When a 26-year-old-man was injured in an industrial accident, the bone, main blood vessels, and nerves in one leg were severed. An orthopedic surgeon in Hayward, Calif., thought he might still save the leg. So he joined the severed parts and restored good circulation. For several months, it looked as though he had accomplished what the lay press acclaimed as a "medical miracle."

Suddenly, though, a deep bone infection developed. It preven-

ted repair of the main nerve. The surgeon found it necessary to perform an amputation after all, and the "miracle" was undone.

Five months later, the patient filed a \$45,000 suit against the surgeon and his associates. The young worker contended that the efforts to save his leg had been "bizarre, unusual, and experimental." By not amputating immediately, he charged, the doctors had "delayed his rehabilitation" and given him "a severe emotional shock."

Publicity about the suit stirred up unusual public sympathy for the doctors. So the patient quietly dropped his charges. When a reporter asked why, the patient's attorney explained: "He doesn't want to embarrass the doctors." END

Doesn't everybody?

While I was taking the gynecological history of a lady from the Deep South, I asked: "What type of flow do you have?" She replied with an air of puzzlement, "I got a wooden flo' at home, if that's what you mean."

—DONALD M. STEVENS, M.D.



Your difficult rheumatic patient...

on the job again

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For the patient who does not require steroids

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Reciprocally acting nonsteroid antirheumatics . . . more effective than salicylate alone.

In each enteric-coated tablet:

Sodium salicylate U.S.P.	0.3 Gm. (5 gr.)
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Ascorbic acid	50.0 mg.

or for the patient
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PABALATE®-Sodium Free
Pabalate, with sodium salts
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For the patient
who requires steroids

PABALATE®-HC (PABALATE WITH HYDROCORTISONE)

Comprehensive synergistic combination of steroid and nonsteroid antirheumatics... full hormone effects on low hormone dosage... satisfactory remission of rheumatic symptoms in 85% of patients tested.

In each enteric-coated tablet:

Hydrocortisone (alcohol)	2.5 mg.
Potassium salicylate	0.3 Gm.
Potassium para-aminobenzoate	0.3 Gm.

Ascorbic acid 50.0 mg.

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Practice management question box

The queries below are selected from the many that doctors have addressed to MEDICAL ECONOMICS in recent weeks. The answers reflect the judgment of a panel of two physicians and four management consultants. Further Q.s and A.s will appear in forthcoming issues. If you have a question of general interest to your colleagues, you're invited to submit it.

Q. I'm a pediatric surgeon practicing in a large city in Texas. Quite naturally, doctors in small towns send me a lot of emergency cases. But I often have a real problem trying to collect from the parents. They're usually young and struggling to make ends meet, and they live long distances away. How can losses in such cases be cut?

A. First, make sure that your charges are appropriate to the parents' income level. Then set up a time-payment plan and make sure the parents are told about it. Finally, give the referring doctors a good idea of the probable cost of your services; then they can properly advise the parents on that score.

Q. What can I do about "sneak" consultations? Suppose, for example, a woman with an appointment brings along a child without one and expects me to treat both of them at the appointed time. What's a good way to protect my schedule from such disruptions?

A. Have your secretary watch for "two together" patients and speak to them before they reach you. She can explain that "drop-

...Your practice

ins" are unfair to other patients with appointments and that she'll be glad to schedule the second person's visit for the first available free time. If any drop-ins get past her, you can't always duck them. But you can always ask them not to do it again.

Q. My present aide is leaving, and I plan to hire a capable young girl I know. But she has had no experience in dealing with patients. What's the simplest way to brief her?

A. Buy her one of several good books written for the physician's aide. For example, "The Office Assistant in Medical or Dental Practice," by Frederick & Towner; "Handbook for the Medical Secretary," by Bredow; or "Medical Secretary's and Assistant's Handbook," by Miller. But be sure to supplement such general information with written or oral descriptions of how you like things done in your office.

END

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Ophthalmic Oil Suspension 1% • Ophthalmic Ointment 1%

Ophthalmic Ointment 1% with Hydrocortisone 1.5%

Ophthalmic Powder (Sterilized 25 mg.,

with sodium chloride 82.5 mg.,

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Lifts depression...as it calms anxiety

**Smooth, balanced action brightens mood,
restores normal sleep...rapidly and safely**

Balances the mood—no "seesaw" effect of amphetamine-barbiturates and energizers

Acts swiftly—the patient soon returns to her normal activities

Acts safely—no danger of liver or blood damage

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: 1 mg. 2-diethylaminomethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate.

Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

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Abnormal growth of hair over the face or body or in both areas, predominantly in obese females. May be transient or permanent. Genetic, familial and racial factors are recognized. Commonly associated with dysfunction of certain endocrine glands. Treatment is empiric.

Bissell, G.: Ann. New York Acad. Sc., 53:742, 1951.

number 4 in the series

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Colds of Everyday Patients

Novahistine® Expectorant

When tenacious bronchial exudates complicate cough and respiratory congestion, Novahistine Expectorant loosens and liquefies exudate, controls cough and relieves congestion. Palatable Novahistine Expectorant can help patients of all ages feel better when they have chest colds.

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Novahistine formulas have never cured a single cold, but according to National Prescription Audits, they have been prescribed for control of cold symptoms for over 10,000,000 patients in the last 9 years.



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Psychotherapy too expensive? Not for these patients

If you've got patients who need psychiatric treatment but can't afford it, here's heartening news: Short-term psychotherapy may be insurable as part of a comprehensive group health plan on a fee-schedule basis. Group Health Insurance, Inc., of New York has been offering it to some of its subscribers for a year and hasn't met any insurmountable hurdles yet.

Under the two-year experimental plan, a sample group of 76,000 people—already covered by Group Health's comprehensive policy—are eligible for psychiatric benefits at no extra premium. Participating psychiatrists agree to charge \$20 an office visit, of which the patient pays \$5 and Group Health \$15. Each subscriber is entitled to fifteen sessions. The plan also includes group therapy and hospitalization benefits.

The biggest problem encountered so far, according to the company's president, Arthur H. Harlow Jr., is the difference in usage among various groups. "Salaried professional people

utilize the plan at a rate five times higher than the average," says Harlow, "while some 'blue collar' groups haven't used it at all."

Only 541 subscribers have taken advantage of the offer during its first year. Even though three-fourths of these patients have been judged recovered or improved, 84 per cent of them were advised to continue treatments. Only half the patients used up all the treatments they were eligible for under the plan. The rest quit after an average of six visits. Of those who used up all their benefits and were advised to continue, 68 per cent did at their own expense.

"Two big areas still have to be explored," says Harlow. "One is whether or not psychiatric treatment would lower the demand for medical care. If it would, it might offset the cost of psychiatric coverage. The second is what the effect would be if psychiatry were a more accepted part of medical care. Right now, many people won't use it because they fear [public opinion]."

END



Interesting Syndrome for Which Novahistine Expectorant Is Indicated

BRONCHITIS

"**bronchitis** (brong-ki'tis) [bronchus-it-is]. Inflammation of the bronchial tubes." *Dorland's Illustrated Medical Dictionary*. Characterized by cough, congestion and inflammatory exudate.

Novahistine® Expectorant

Novahistine Expectorant combines the decongestant action of phenylephrine HCl and chlorprophenpyridamine with the liquefying action of glyceryl guaiacolate and the antitussive effect of codeine phosphate.

Each 5 cc. teaspoonful contains 10.0 mg. phenylephrine hydrochloride; 2.0 mg. chlorprophenpyridamine maleate; 10.0 mg. codeine phosphate (may be habit-forming); 100.0 mg. glyceryl guaiacolate; 13.5 mg. chloroform; 1.0 mg. l-menthol; alcohol 5%. *For adults: 2 teaspoonsfuls, every 3 or 4 hours. For children: 1 teaspoonful, every 3 or 4 hours.*



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objective:
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Here are five reasons why:

Provera is the only commercially available oral progestational agent that will maintain pregnancy in critical tests in ovariectomized animals. It is four times as potent (by castrate assay) as any other progestational agent. No significant side effects have been encountered. It is available for both oral and parenteral administration. And, finally, Provera gives the economy of effective action from small doses.

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Medroxyprogesterone acetate, Upjohn.
In scored tablets 2.5 mg. and 10 mg.

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Sterile micronized medroxyprogesterone acetate (17-alpha-hydroxy-6-alpha-methyl-progesterone acetate 50 mg. per cc. in 1 cc. and 5 cc. size vials.

For premenstrual tension Provera plus diuretic plus tranquilizer adds up to logical therapy. Each Cytran® tablet contains 2.5 mg. Provera, 3.5 mg. Cardrase® (ethoxzolamide), and 300 mg. Levani® (ectyfurea).

The Upjohn Company, Kalamazoo, Michigan

Better watch out for quick-buck mechanics

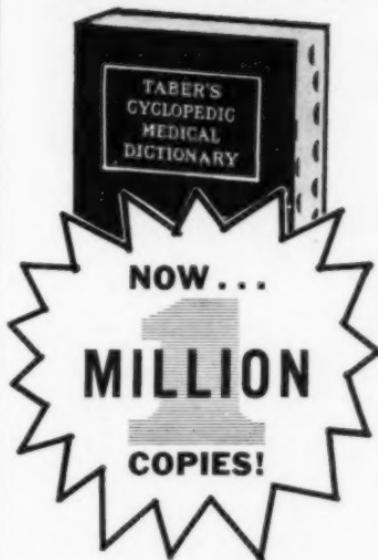
Next time your car needs mechanical work, these pointers from Motor Thrift magazine may help you steer clear of quick-buck artists in coveralls:

► Choose a repair shop that at least *looks* clean. "Dirt is the biggest source of mechanical wear and failure," says Motor Thrift. An engine or transmission overhaul has a better chance of lasting if it's done in a clean shop.

► Watch out for cut-rate shops. "The cut-rate emporium which advertises ridiculously low sucker-bait prices should be high on the list of places to avoid," cautions Motor Thrift. Low-price brake jobs usually are accompanied by such comments as: "For a really safe job, you should use the better lining."

► Try to pick a shop that specializes in whatever's wrong with your car. For example, "your favorite tune-up man may not be much of a success at repairing automatic transmissions," cautions Motor Thrift. And a shop must have a front-

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breathe easier!

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respiratory
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mum side
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In sinusitis, colds and other upper respiratory and allergic disorders, new DIMETAPP Extentabs offer more useful decongestant therapy. Stuffiness, drip and other annoying symptoms of congestion are effectively relieved with minimum side effects.

UNPARSED RELIEF OF NASAL CONGESTION: DIMETAPP Extentabs contain an unexcelled antihistamine, Dimetane, plus two outstanding decongestants—phenylephrine and phenylpropanolamine. The combined action promptly dries secretions and reduces edema and congestion in the nose, the sinuses, and throughout the upper respiratory tract.

EASIER BREATHING FOR 12 HOURS ON 1 TABLET: Long-acting DIMETAPP Extentabs offer up 12-hour relief on just one tablet. Easier to use than nose drops or sprays,

DIMETAPP reaches into areas topical decongestants can't touch—without rebound congestion.

EXCEPTIONAL FREEDOM FROM SIDE EFFECTS:

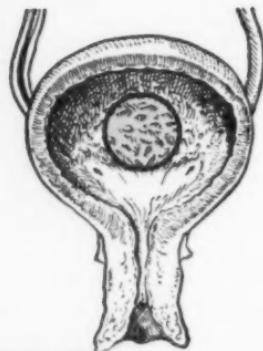
The antihistamine component of DIMETAPP offers a high percentage of effective relief with only drowsiness as a possible, infrequent side effect. Small, fully efficient dosages of decongestants minimize the danger of overstimulation.

DIMETAPP Extentabs contain Dimetane® (para-bromdylamine [brompheniramine] maleate) 12 mg., phenylephrine HCl 15 mg., and phenylpropanolamine HCl 15 mg. Dependable Extentabs construction assures relief of symptoms for up to 12 hours with 1 tablet.

Dosage: Adults—1 Extentab q. 8-12 hours. Children over 6-1 Extentab q. 12 hours. Administer with caution to patients with cardiac or peripheral vascular diseases and hypertension, and to those sensitive to antihistamines. See package insert for further details and bibliography.

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SIMPLE, ACUTE or isolated urinary tract infections readily yield to antibacterial-spasmodic URISED. Acute cystitis or urethritis symptoms vanish within three days . . . urine clears within five to ten days.

No side effects were reported in recent evaluations of URISED in over 200 cases. On the contrary, URISED is soothing, relaxing to the urinary visceral muscles.

URISED controls pain while normalizing urination and producing antisepsis. Each URISED tablet contains: atropine sulfate 1/2000 gr.; hyoscyamine 1/2000 gr.; gelsemium, methenamine, methylene blue, benzoic acid, salol.

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end alignment machine to take care of steering and suspension problems properly.

► Be leery of the super-salesman service manager. He's there not only to direct shop operations, but also to drum up business. "When he goes into a sales routine and offers to cure your car by the simple expedient of replacing all possible offending parts . . . it's time to set him straight or leave."

► Try to pick a shop where the owner works. "When the boss is there, right on top of the work and the problem at hand, the work is turned out faster and better than where the men are left to their own devices—and shortcuts."

► Be extra cautious in selecting a foreign-car mechanic. One good test is to take a look at his parts room. A small stock generally means slow service. END

FIGHT HEART DISEASE



GIVE HEART FUND

Medical Economics, Jan. 30, 1961

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Proloid not only restores the patient to a euthyroid state—it does it safely and consistently. The only purified but complete thyroglobulin, it never varies in potency from prescription to prescription—the result of an exclusive double assay.

Prescribe Proloid; 3 grains is the average dosage for the mild hypothyroid patient.

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...for the tense and nervous patient

Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Meprobamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

The reasons are not hard to find. Miltown is a **known** drug. Its few side effects have been fully reported. ***There are no surprises in store for either the patient or the physician.***

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in more than 750 published clinical studies

Effective

for relief of anxiety and tension

Outstandingly Safe

- 1 simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
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- 5 does not impair mental efficiency or normal behavior

Miltown®

meprobamate (Wallace)

Usual dosage: One or two 400 mg. tablets t.i.d.

Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS® — 400 mg. unmarked, coated tablets.

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IN GENITOURINARY INFECTIONS *Gantrisin* THE QUALITY OF GREATNESS

Reports in hundreds of leading journals and scores of standard textbooks reflect the position of Gantrisin as a drug of choice in genitourinary infections.

Buy stocks when amateurs are selling?

Professional investors often do. Here's why, how, and what you can learn from the odd-lot theory

By Richard Phalon

According to the odd-lot theory of forecasting stock-market trends, small investors are always a little late in any move they make. They're less well informed than the pros—and a lot slower to reach decisions. They do most of their buying at the tail end of each bull market, just before stocks start to sell off. And they tend to sell out at the end of each slump, just before stocks start to recover.

By contrast, the professionals buy during the early stages of a market rise. At the peak of the boom, when the amateurs are swarming aboard, the profes-

sionals quietly sell out. At least, that's the theory. And there's enough substance to it to be worth your attention.

How do the pros measure what the little fellow does? Their traditional yardstick is odd-lot purchases and sales—transactions involving less than 100-share round lots. Big investors like banks, insurance companies, and mutual funds buy their shares in round lots. But stock-market amateurs usually buy fewer than 100 shares at a clip.

Each day, the New York Stock Exchange releases figures on

THE AUTHOR is a financial writer for the *New York Herald Tribune*.

How Dial can help curb the in hospitals

The antibacterial ingredient in Dial—a synergistic combination of hexachlorophene and trichlorocarbanilide—has long been known for its effectiveness against the skin bacteria that cause perspiration odor.

Now new and more extensive tests have established that Dial inhibits the growth of a wider range of gram-positive and gram-negative bacteria than any other leading toilet soap—including strains that are resistant to antibiotics.

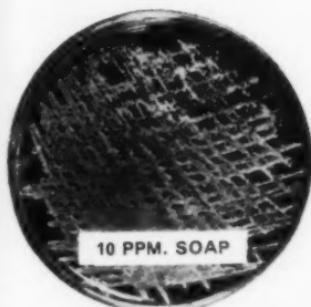
Many physicians already recommend the use of Dial to their patients. Now this new evidence points up even more sharply the benefits of Dial for hospitalized patients and hospital personnel.

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Dial Soap solves the staph problem



In vitro tests demonstrate Dial's extraordinary effectiveness

1. Ordinary toilet soap left this heavy growth of *Staphylococcus aureus*



2. A widely used antiseptic soap showed little inhibition of *Staphylococcus aureus*



3. Dial Soap completely inhibited *Staphylococcus aureus*

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...Your investments

Garfield Drew, one of the leading practitioners of the odd-lot theory, consults his slide rule. It tells him whether odd-lot traders, mostly amateurs in the stock market, agree with the round-lot traders, mostly pros. When there's disagreement, Drew contends, the odd-lotters are usually the ones in the wrong.

odd-lot purchases and sales. The odd-lot theorists then divide purchases by sales to get an index of odd-lot activity. If the index for a particular day is 1.1, for example, small investors have bought more stock than they've sold. If the index is .97, they've sold more than they've bought. It's normal for the index to run around 1.1, indicating odd-lot purchases exceed odd-lot sales by about 10 per cent. That's because the small investor usually buys with the intention of holding and doesn't do much trading.

You can calculate odd-lot activity yourself without much trouble. If you want more information on how the professionals

interpret it, an advisory service called Drew Investment Associates, Inc., in Boston, offers a market letter based on the odd-lot theory.

Don't make the mistake of thinking the whole idea is always to run against the crowd—to buy when everybody else is selling, and to sell when everybody else is buying. An investor who consistently made a point of running against the crowd over the last ten years would be a poorer man today.

The odd-lot theorists concentrate on the turning points in the market. They say that what the crowd does at the climax is likely to be wrong. Thus, the theory's success depends on its

contains everything most coughers need...

in each 5 cc. (1 teaspoonful):

Dimetane 2 mg.

(Parabromdylamine [Brompheniramine] Maleate),
the antihistamine most likely to succeed.

Phenylephrine HCl 5 mg.

and Phenylpropanolamine HCl 5 mg.,
two highly approved decongestants.

Glyceryl Guaiacolate 100 mg.,

the expectorant that works best—increases
respiratory tract fluid almost 200%.

IN DIMEETANE EXPECTORANT-DC

added Codeine Phosphate 10 mg./5 cc.
(exempt narcotic), when additional cough
suppressant action is needed.



for less frequent, more productive cough...



Dime^{te}n^{ane}® Expectorant

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Robins

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A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA

...Your investments

proponents' ability to pinpoint the periods of climax.

Here's how you can do it, according to the theorists:

If odd-lot buying increases very much after the market has risen, take that as a danger signal. This is the time when small investors are finally getting their feet wet. It means the time has come for you to get out. Conversely, if odd-lot buying decreases after the market has dropped, the smart thing to do is to start buying.

Remember that the odd-lot theory makes no attempt to predict the particular stock that will rise or fall. It's merely a method of calling the critical turns in the stock market as a whole. It suggests the right time to get in and the right time to get out.

How well does the theory work? It has had some notable successes in the recent past—and also some notable failures. Since 1955, it has been right roughly half the time. At other



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for full symptomatic relief from the discomforts of hemorrhoids, proctitis and pruritus ani

start therapy with ANUSOL-HC, 2 suppositories daily for 3 to 6 days, to reduce inflammation, relieve pain and itching, shorten total treatment time. Then, maintain patient comfort with regular ANUSOL, 1 suppository morning and evening and after each evacuation, to prevent recurrence of symptoms.

Neither Anusol nor Anusol-HC contains analgesic or anesthetic agents which might mask symptoms of serious rectal pathology.

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and unguent*

*hemorrhoidal suppositories
with hydrocortisone acetate, 10 mg.*



MS11

...Your investments

major market turns, it gave a late signal, a false signal, or no signal at all.

The theory hit the stock-market situation on the nose in January, 1960. Odd-lot purchases jumped to about 40 per cent more than sales—and the stock market nose-dived. Here was a classic example of the small investors coming in at just the wrong time.

But in June of 1960, odd-lot purchases dropped to their low

of the year. Did the stock market then surge as it should have? Not at all. The market slipped sharply. So the theory was wrong in that instance.

Despite such failures, most professional investors check on the odd-lot figures before they buy. It wouldn't hurt if you checked, too. Just remember that the odd-lot theory hasn't proved to be an infallible way to beat the market. So far, nothing has.

END

WARNING

Salesmen of several so-called publishers' service companies and bookkeeping record companies have been representing themselves to physicians as having a connection with Medical Economics, Inc. They have been offering "subscriptions" to MEDICAL ECONOMICS and "consultation services" by the magazine's staff. Such offers constitute out-and-out misrepresentations or fraud. Medical Economics, Inc., employs no subscription salesmen, offers no magazine subscription package deals, sells no consultation service. Therefore, any physician who is asked by a salesman in the name of Medical Economics, Inc., to buy any service whatever is urged to notify both his local Better Business Bureau and Medical Economics, Inc., Oradell, N.J.

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Gelusil protects the peptic ulcer patient against pain and promotes natural healing by coating the crater with two long-lasting demulcent gels. Gelusil neutralizes and adsorbs excess gastric acid—is inherently nonconstipating—contains no laxative. Here is the superior antacid adjuvant for any program of ulcer management—best, too, for fast relief in gastritis, hyperacidity and "heartburn."

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MS11

Health Secretary Ribicoff will look before he leaps

What can private physicians expect from our new Secretary of Health, Education, and Welfare? In a recent interview with this magazine, Abraham Alex-

ander Ribicoff gave one indication: He won't make any major recommendations until he's had ample time to learn the ropes in his department. It was also evident, however, that once he gets settled in his new job he'll have goals different from those of his Republican predecessors.

According to press reports, Mr. Ribicoff could have had any of several posts in the Kennedy Cabinet. Why, then, did he choose this one? Simply because he feels the Government's greatest challenge today is to help Americans meet their basic physical, intellectual, and economic needs. The Governmental department designed to come most directly to grips with this challenge is, of course, Health, Education, and Welfare.

Mr. Ribicoff's record as Governor of Connecticut emphasizes this point. His reputation as an administrator and the tremendous plurality by which he won re-election resulted largely from his strong state programs in health, education, and welfare. In his last term as Governor, for example, he got nearly three-quarters of Connecticut's



ABRAHAM A. RIBICOFF

Asks time to find the answers



asthmatic...but symptom-free

The TEDRAL patient works normally, breathes freely, without fear or embarrassment of asthma attacks.

One TEDRAL tablet taken at the *first* sign of an attack relieves congestion and constriction within fifteen minutes and provides protection for as long as four hours. For prophylaxis, or when attacks are frequent, prescribe one or two tablets q.4h. (For children 6-12 years old, give half of this dosage.)

COMPOSITION: Each scored TEDRAL tablet contains theophylline 130 mg., ephedrine HCl 24 mg. and phenobarbital 8 mg.

*the
dependable
antiasthmatic*

TEDRAL®

For younger asthmatic patients, licorice-flavored TEDRAL Pediatric Suspension.



MSII

MADE OF SALSUSIL PROLOID PERITRATE BAROELAMINE

...Your politics

general-fund budget allocated to this field.

As for his new Cabinet post, Mr. Ribicoff does have some broad goals already in mind. For one thing, he wants to relieve the doctor shortage. He thinks this can be done best by making a medical education more attractive to young people and more available financially. He's also in favor of providing medical care for the aged through Social Security. But Mr. Ribicoff admits frankly that he'll need some time in office before he's ready with answers to doctors' other questions about medicine's role under the Kennedy Administration. Among the biggest of these:

¶ How much Federal inter-

vention in private medicine is likely over the next four years?

¶ If tax-paid medical care is justified for one group of citizens (the aged), can it be withheld from other groups?

¶ The Public Health Service—a branch of H.E.W.—has said it will lead a major effort to get more medical care to the consumer. What forms will this take?

¶ To what extent will Secretary Ribicoff consult private physicians before recommending legislation that affects those physicians?

The decisions Abraham Ribicoff finally arrives at will have plenty to do with how private medicine fares under the new Administration.

END

Pious preparation

A nurse I know told me that she'd been taught in school to divide the buttocks into quarters when giving injections. She'd got into the habit of doing this quartering with her fingers. On one such occasion, a patient said: "What a devout nurse you are—making the sign of the cross before you perform your work!"

—EDMUND S. WHITMAN



new therapeutic light on "sinus" headache

"sinus" or frontal headache and congestion—whether from true sinusitis or rhinitis—yield promptly to Sinutab. In therapy or prophylaxis Sinutab rapidly and effectively aborts the pain, decongests the mucosa and relaxes the patient. Verify the value of Sinutab for yourself: you *and* your patients will be pleased.

*for sinus and
frontal headache*

Sinutab®



Save the complete physical for the second visit!

By Edgar Rosen, M.D.

"Anyone who doesn't do a complete physical on a patient's first visit isn't practicing good internal medicine." Maybe that's not a hallowed belief in your area. But in mine, it's gospel. And for years, it never occurred to me to question it.

But three years ago, I broke with this tradition. I began doing comprehensive physicals on the *second* visit—when such an examination was indicated. Under my new policy, I practice better internal medicine than ever before. It has been welcomed by my patients, too. Any doctor who does complete work-ups might well benefit from my experience.

First of all, why did I make the change? One reason was the advice so frequently stressed by local medical societies: "Discuss

charges with the patient in advance." Naturally I don't have to discuss the modest fee—usually \$10—I charge the patient for his preliminary visit. But the visit does give me a chance to talk over how much a comprehensive examination with various diagnostic tests will cost him. On the average, this may total \$75. That can be a sizable expenditure for the patient who hasn't been prepared to expect it.

It certainly was to the patient who recently visited a colleague of mine merely to have his ears washed out. The patient not only got his ears washed. He also went through everything else that was routine for a first visit in that doctor's office. Imagine a \$75 ear wash!

In my community, \$75 also

happens to be the average fee for a tonsillectomy. But a doctor doesn't yank out a patient's tonsils the first time he sees him. Before a tonsillectomy is scheduled, the doctor checks into the problem, decides whether the tonsils should come out, learns whether the patient is willing to have them out, and discusses the cost. Today's complete physical should be an equally elective procedure.

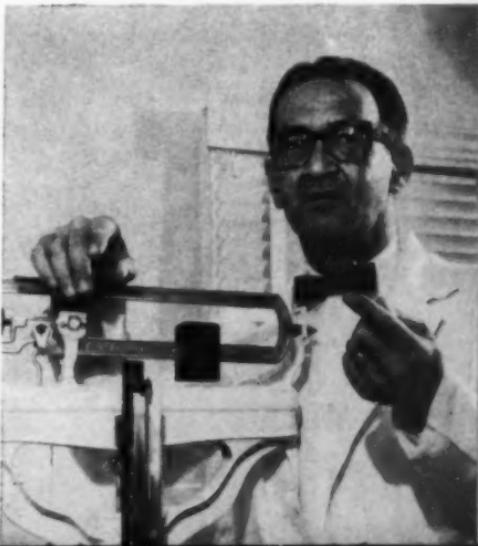
It's true that most of the new patients I see *do* return for a full examination within a week or two. Among the exceptions are types such as the 18-year-old with a minor ailment like a cold

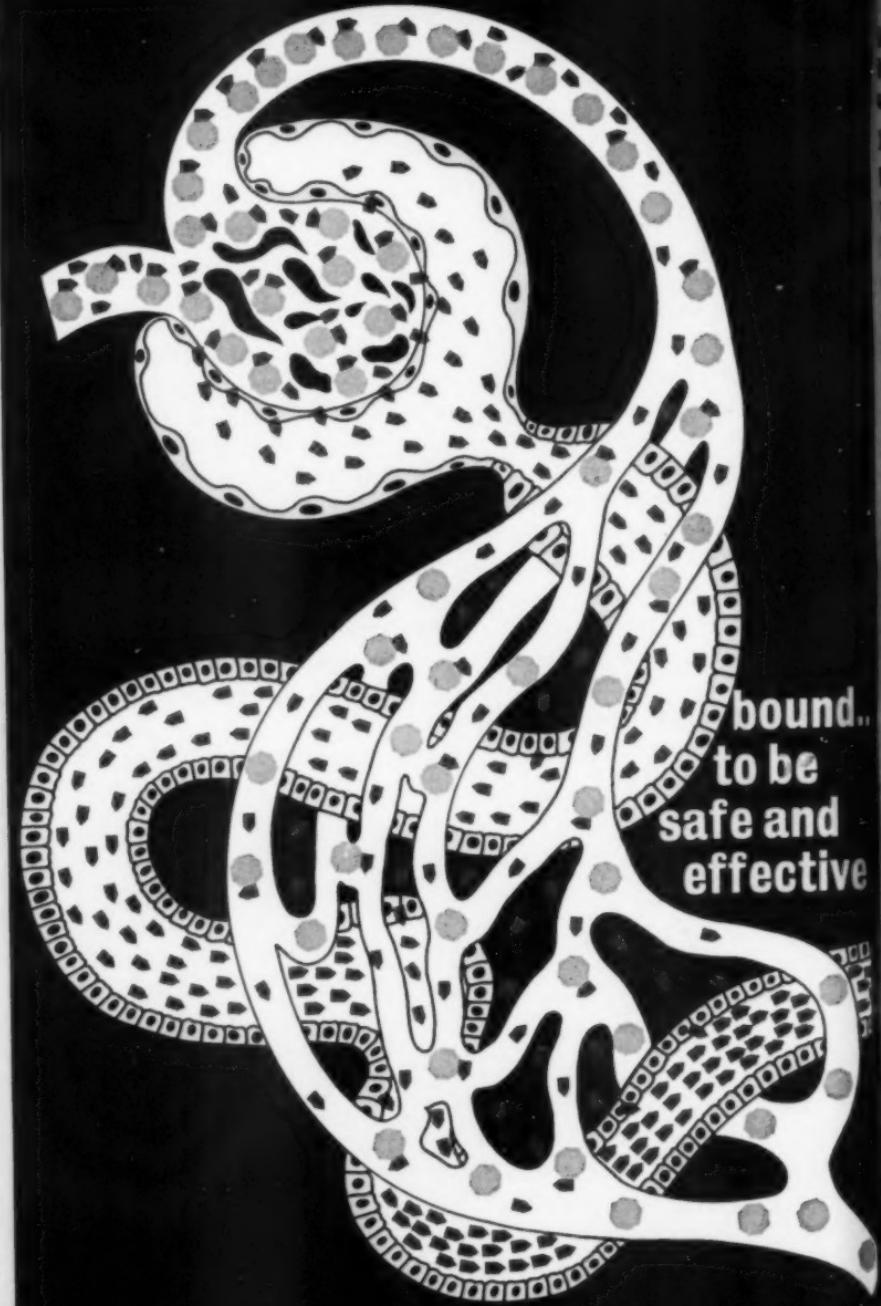
or a tonsillitis, or the patient who, a brief examination indicates, should be referred to another specialist, or the patient who can't afford a comprehensive examination and must be directed to sources of medical care within his means. When I used to do complete physicals on the first visit, my nurse and I tried to cope with such patients by a preliminary telephone screening.

This helped—but not enough. For one thing, the phone conversations took too much time—four or five minutes, sometimes more.

Gradually, I began book-

An internist in Oakland, Calif., Dr. Edgar Rosen wonders in the accompanying article if an old tradition—a complete physical on the first visit—makes sense.





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effective**

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In any urinary tract infection: "it is the kidney which is the most important consideration" . . . "Infections limited to the lower urinary tract are comparatively rare"

In the bloodstream, free FURADANTIN \bullet and FURADANTIN bound to plasma proteins $\bullet\bullet$ are in equilibrium $\bullet\bullet \rightleftharpoons \bullet \bullet$. Free FURADANTIN passes readily through the glomerular filter. Protein-bound FURADANTIN, however, is not filtered by the glomerulus and reaches the peritubular capillaries. Here equilibrium is restored, and the FURADANTIN released from its bound state diffuses through the interstitial spaces and is secreted by the tubular cells. Exacting studies "suggest a three-component system for the renal transport of nitrofurantoin. That is, this nitrofuran appears to be filtered at the glomeruli and both secreted and reabsorbed by the tubules."³

Furadantin safeguards the kidney via a "three-component system of renal transport" . . . insuring continuous, intimate contact with functioning renal tissue

For more than 8 years . . . in over 8,000,000* courses of treatment . . . a distinguished record of safety and efficacy

FURADANTIN®

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"...may be given for extended periods of time without development of side effects or of drug-resistant mutants."⁴

"...was given continuously and safely for as long as three years."⁵

SUPPLIED: Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

*Conservative estimate based on clinical use since introduction.

REFERENCES: 1. Thompson, I. M.: Family Physician, Chicago 9:14, 1959. 2. Campbell, M. F.: Mod. Med. 24:85, 1956. 3. Paul, M. F., et al.: Am. J. Physiol. 187:580, 1959. 4. Johnson, S. H., III, and Marshall, M., Jr.: J. Urol. Balt. 82:162, 1959. 5. Lippman, R. W., et al.: J. Urol., Balt. 80:77, 1958.

 * EATON LABORATORIES

Division of The Norwich Pharmacal Company
NORWICH, NEW YORK

...Your patients

ing selected new patients for short first visits and then determining during the visits where I'd go from there. Soon I decided to see virtually all new patients for a preliminary visit before making further arrangements.

Here are some of the advantages I've found in my current policy:

1. I see my new patients sooner. Formerly, because of the large amount of time complete examinations require, they had to be booked a week or two in advance. But today I can schedule a new patient for a short preliminary visit with little delay.

2. If I find during the first visit that there's an urgent need for prompt further examination and treatment, I can arrange this with the patient while he's in my office.

3. If—as is usually the case—an appointment is made with the patient for a comprehensive examination, tests and other diagnostic procedures can be arranged in advance. Moreover, I can start the necessary treatment on the first visit, if it

doesn't interfere with the diagnostic evaluation to come.

4. Complaints about the cost of physical examinations have been eliminated. I never had many complaints, but each one was quite upsetting.

5. Misunderstandings about health insurance coverage have been done away with. During the first visit, I discuss with the patient what part of the cost may be met by the insurance he carries.

6. My collections have improved. My collection ratio for the two years preceding the new policy was 88 per cent; for the two years immediately after, it was 98 per cent.

7. I no longer waste time. Formerly, after scheduling a ninety-minute work-up of a new patient, I might discover when he arrived that the problem was out of my field. I would then have to refer him elsewhere and spend the rest of the allotted time as best I could.

8. No-shows for complete physicals have been virtually eliminated. On the patient's first visit, I explain the amount of time reserved for him and stress

They
BOUNCE
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she's flying high now...her temperature and discomfort
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TYLENOL® an effective pediatric antipyretic and analgesic¹
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¹Carney, D. A., and Ritter, J. A.: N-acetyl-p-aminophenol (Tylenol Elixir) as a Pediatric Antipyretic-Analgesic. *J.A.M.A.*, 269-1219 (Apr. 7) 1968.

²Mintz, A. A.: Management of the Febrile Child. *J. Ky. Acad. Gen. Pract.* 5:96 (Jan.) 1968.

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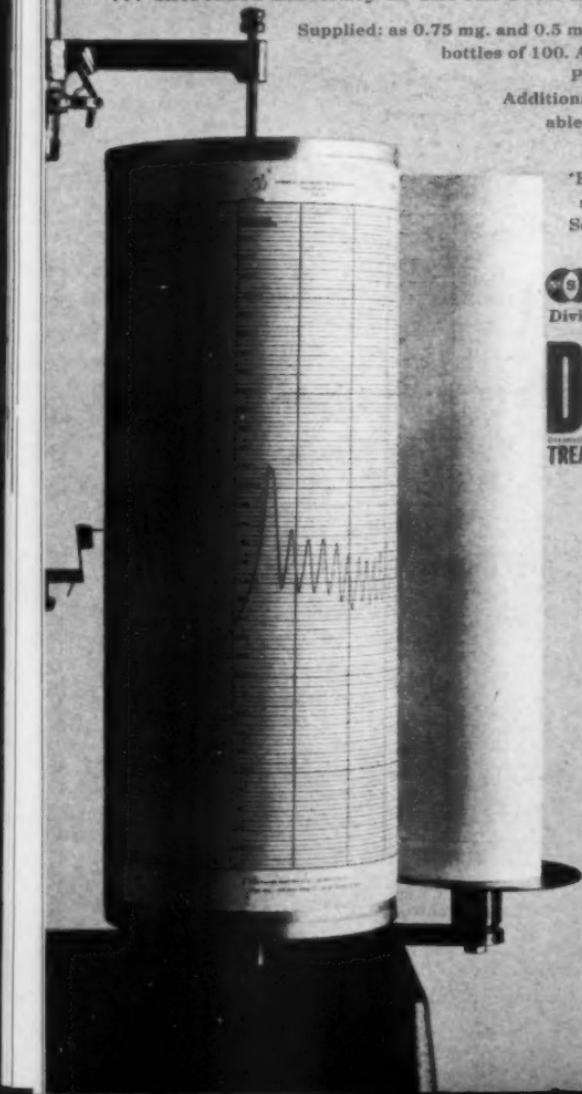
*Bickerman, H.A., et al.: Physiologic and steroid therapy in respiratory disease, Scientific Exhibit, A.M.A. Convention, Atlantic City, N.J., June 8-12, 1959.



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the importance of his notifying us well in advance if he has to change his plans.

So although my policy of not doing a physical until the second visit breaks with a hallowed tradition, no other change in my office routine has been so gratifying. I only wish I'd made the change before. END

'Let the aged consider their own health needs'

Everybody these days is suggesting ways to cope with the health problems of our senior citizens. But might it not be best to drop the matter into the laps of the aged themselves? One medical leader now suggests that it would. Says Dr. Russell L. Deter, vice president of the Texas Medical Association: Every locale would be well advised to "set up a board of men and women over 65 who have had administrative or executive abilities, to consider the problems of the aged." Among the tasks that such committees could—and should—perform, according to the doctor:

* They could find jobs or serv-

ice positions for healthy retired people.

* They could search out useful activities for those who are partially disabled.



DR. RUSSELL L. DETER

A new twist on an old problem

* They could set up rehabilitation programs for those who are infirm.

* They could develop programs in hospitals and nursing homes for the totally incapacitated. END

Dentists would envy you— except for one thing

Do dentists find a certain satisfaction in their profession that you and your colleagues don't find in yours? A new study indicates that they do. Sociologists D. M. More and Nathan Kohn Jr. recently asked 3,500 dental students how they thought dentistry compared with medicine in several respects, including opportunity for service, prestige, earnings, and "autonomy." Of those who replied:

¶ Nearly 96 per cent said they

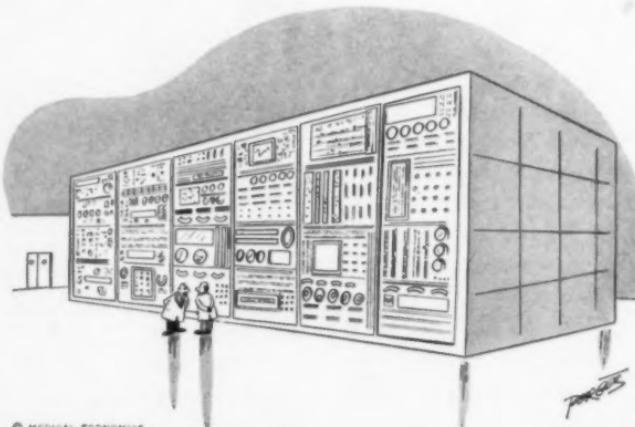
felt medicine offers more (or at least as much) opportunity to render service to humanity.

¶ Nearly 92 per cent said they felt physicians rate higher in their community.

¶ Nearly 88 per cent said physicians have a better (or at least an equal) chance to make money.

¶ But nearly 84 per cent said a dentist has a better (or at least an equal) chance to be autonomous.

What makes dentists feel you're lacking in autonomy? They apparently measure it by the amount of control you have



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"I can make it belch."

n omne le mundo



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Furoxone®
brand of furazolidone
pro le diarrheas bacterial*

allevia promptemente le symptomas • succede ubi alteres fallere contra
crescentemente prevalente racias refractori de *Staphylococcus*, *Escherichia*,
Salmonella, e *Shigella* • bactericida plus tosto que bacteriostatic • effectos
lateral negligibile • non incoragia excessos del crescentia monilial o
Staphylococcal • non ha inducere significativa resistentia bacterial

That world-wide evidence favors FUROXONE for bacterial diarrheas is quickly conveyed by this advertisement in "Interlingua"—the international language which celebrates in 1961 the tenth anniversary of its introduction. Based on the languages of Western culture and comprehensible right to most professionally trained scientists, Interlingua is designed primarily for written communication and makes no attempt to replace existing national tongues.

present, the greatest use of this tool of international communication is in medical literature. Twenty-four journals, including the J.A.M.A., regularly carry Interlingua summaries of original contributions. Eight International Congresses have provided Interlingua summaries of papers presented. To test your own comprehension of Interlingua, turn the page.

TON LABORATORIES, Division of The Norwich Pharmacal Company, NORWICH, NEW YORK



over your on- and off-duty time: "In the interview supplementing the questionnaire," More and Kohn report, "frequent mention was made of the physicians' duty to make night calls, to serve in emergencies of all sorts, and to accept responsibilities not placed on the dentist . . .

"Also, the students . . . interviewed reveal a striking unwillingness to participate in esthetic community activities or

social betterment to the same extent as physicians . . . As one respondent put it, 'Sure, I want the status, but I'm not going to give up my free time to all these organizations.' "

Nearly two out of five of those interviewed had seriously considered entering medicine instead. So the sociologists conclude that "the need for autonomy is the most decisive" factor motivating a man to choose dentistry over medicine. END

NEW AGE OF ELEGANCE

*Hearken, ye physicians!
Etymologists, arise!
Wake, O rhetoricians!
Mrs. Grundy, lift your eyes!
Seekers of status in all seven classes,
Unite on this, so exquisitely stated;
With what eclat the Birtcher Girl surpasses
Mere movie queens who've not been Hyfrecated!
No longer need we feel the old abhorrence
Of terms that Birtcher now has rendered dated
In this New Age of Elegance.
Move over, D. H. Lawrence:
This lady has been Hyfrecated!*

*By Dr. Vaughan Brusseau
Detroit, Michigan*



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evidence favors **Furoxone®** brand of furazolidone for bacterial diarrheas*

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- succeeds where others fail against increasingly prevalent refractory strains of *Staphylococcus*, *Escherichia*, *Salmonella* and *Shigella*
- bactericidal rather than bacteriostatic
- side effects negligible
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- has not induced significant bacterial resistance

Furoxone Liquid: a pleasant orange-mint flavored suspension containing Furoxone 50 mg. per 15 cc., with kaolin and pectin, bottles of 240 cc.

Furoxone Tablets: 100 mg., scored, bottles of 20 and 100.

Dosage: Adults, 100 mg. q.i.d.; children, 5 mg./Kg./day divided in four doses.

International bibliography
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Division of The Norwich Pharmacal Company
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allergy-free for months



with a one-week course of daily injections
regardless of the offending allergens

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Effective in seasonal and nonseasonal rhinitis (pollens, dust, dander, molds, foods); allergic asthma; asthmatic bronchitis; eczema; food sensitivities. Anergex seems more effective if given during exposure to the offending allergens, or when the patient has symptoms.

Available: Vials of 8 ml.—one average treatment course. Each ml. contains 40 mg. extractives of Toxicodendron quercifolium.

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the new concept for the treatment of allergic diseases

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Medical Economics, January 30, 1961

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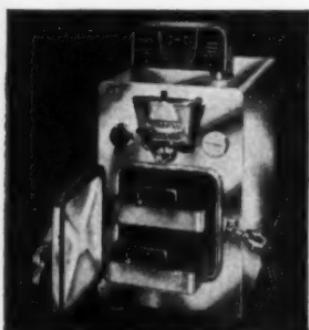
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Memo from the editors

Medical Economics, January 30, 1961

First readers

When U.S. News & World Report published its famous interview with Dr. Paul Hawley on the subject of fee splitting, Dr. Hawley himself was among the last to read it. By contrast, he was among the first to read MEDICAL ECONOMICS' article summing up all the aftermaths (see page 94, this issue). An advance copy was sent to him with a printed card saying: "We think you'll be interested in reading the attached material before it is published... If you care to suggest any corrections, additions, or deletions, simply indicate them in the margins..."

As a matter of policy, MEDICAL ECONOMICS sends advance copies of every article to the people in the best position to authenticate it. Depending on their consensus, the article may be rewritten, re-researched, or even scrapped. But most articles emerge from this expert screening with more additions than deletions. The Hawley article, as it happened, sailed through unscathed. Typical comment from high officers of the A.M.A.

and the A.C.S. who reviewed it: "reasonable and fair." From Dr. Hawley: "no comment."

First readers of another article in this issue went much further. "You're Never Your Own Boss in a Closed Panel" (page 82) was sent to five medical leaders who'd learned this lesson and to the Kaiser Foundation people who'd taught it to them. From Henry J. Kaiser himself came ten typewritten pages of comment; from others came affidavits and Photostats. Our article could accommodate only a fraction of all this, but it's a fascinating fraction.

"Ten Ways to Cut Your Insurance Costs" (page 53) was read first by technical experts at the Institute of Life Insurance and the Insurance Information Institute, among others. Tax articles are reviewed by the Internal Revenue Service as well as by independent tax consultants. Malpractice articles are sent to the A.M.A. legal department and to top attorneys around the country. Every year, some 3,000 first readers serve you thus. In your behalf, we offer them 3,000 thanks.

END